

## *Family Friendly Businesses*

### **2004 FAMILY FRIENDLY WORKPLACE RATINGS KEY**

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Call 941-649-5260 or e-mail for hard copy of rating key

| <b>1. SUPPORT FOR WORK/LIFE BALANCE</b>   |   |                                 |                      |  |
|---|---|---------------------------------|----------------------|--|
| <b>SERVICE</b>  | <b>DESCRIBE SERVICE<br/>Must be Completed<br/>Attach Supporting<br/>Documentation</b> | <b>2003<br/>✓YES</b>            | <b>2004<br/>✓YES</b> | <b>HOW HAVE YOU<br/>IMPROVED<br/>AND/OR<br/>REPLACED THIS<br/>SERVICE - 2002</b> |
| <b>Survey: Do you survey your employees in regard to family needs on a consistent basis?</b>  |   | If yes:<br>2002 not<br>required |                      |  |
| <b>Employee Assistance Programs (EAP):</b> Do you subscribe to an outside agency to provide family related services?                        |   |                                 |                      |  |
| <b>Do you provide on site family seminars?</b> (May be arranged through Naples Alliance for Children): parenting, literacy, eldercare, etc. |   |                                 |                      |  |
| <b>Resource Services:</b> Do you offer information, resource services & referrals for family issues?  |   |                                 |                      |  |
| <b>Do you offer personal services?</b> (dry cleaning, ATM, food services, etc)  |   |                                 |                      |  |
| <b>Newsletter:</b> Do you publish an employee newsletter including information for families? (How often?)                                   |   |                                 |                      |  |

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| <b>Wellness Programs:</b> Do you offer on site facilities or a subsidy toward wellness programs?   |  |  |  |  |
| <b>Education Financial Assistance</b><br>Do you offer assistance to your employees? Do you offer assistance to their families?                         |  |  |  |  |
| <b>Volunteer Opportunities:</b> Do you offer employees time for volunteering in the community?   |  |  |  |  |
| <b>Cafeteria Plan:</b> Do you provide employees with a choice of benefits using pre tax dollars?<br>(medical/dental/vision/child care/ eldercare, etc. |  |  |  |  |

## ***2. DIRECT FINANCIAL ASSISTANCE FOR HEALTH CARE***

| <b>SERVICE</b>  | <b>DESCRIBE SERVICES<br/>Must be Completed<br/>Attach Supporting<br/>Documentation</b> | <b>2003<br/>✓YES</b> | <b>2004<br/>✓YES</b> | <b>HOW HAVE YOU<br/>IMPROVED<br/>AND/OR<br/>REPLACED<br/>THIS SERVICE<br/>- 2002</b> |
|---|--|----------------------|----------------------|--|
| Do you offer the following benefits to your employees & their families? |  |                      |                      |  |
| Do you contribute to program costs?                                     |  |                      |                      |  |
| ▪ Medical   |  |                      |                      |  |
| ▪ Dental  |  |                      |                      |  |
| ▪ Mental  |  |                      |                      |  |
| ▪ Vision  |  |                      |                      |  |

|         |  |  |  |
|---------|--|--|--|
| ▪ Other |  |  |  |
|---------|--|--|--|

**3. SUPPORT FOR CHILD CARE**

| <b>SERVICE</b>  | <b>DESCRIBE SERVICES<br/>Must be Completed<br/>Attach Supporting<br/>Documentation</b> | <b>2003<br/>✓YES</b> | <b>2004<br/>✓YES</b> | <b>HOW HAVE YOU<br/>IMPROVED<br/>AND/OR<br/>REPLACED<br/>THIS SERVICE<br/>- 2002</b> |
|---|--|----------------------|----------------------|--|
| Sick Child Care Program   |  |                      |                      |  |
| Direct Child Care Subsidy   |  |                      |                      |  |
| Dependent Care Pre-tax Accounts   |  |                      |                      |  |
| On-site Child Care Program  |  |                      |                      |  |
| Emergency Child Care: Do you have an emergency child care policy incorporated in your disaster plan? See attached suggestions.                  |  |                      |                      |  |
| Business Partnership with child care centers. Do you provide resources for child care centers? (Financial, materials, programs, training, etc.) |  |                      |                      |  |

**2. DIRECT FINANCIAL ASSISTANCE FOR HEALTH CARE**

| <b>SERVICE</b> | <b>DESCRIBE SERVICES<br/>Must be Completed<br/>Attach Supporting<br/>Documentation</b> | <b>2003<br/>✓YES</b> | <b>2004<br/>✓YES</b> | <b>HOW HAVE YOU<br/>IMPROVED<br/>AND/OR<br/>REPLACED<br/>THIS SERVICE</b> |
|----------------|--|----------------------|----------------------|---|
|                |  |                      |                      |   |

|   |  |                      |                      |  |
|---|--|----------------------|----------------------|--|
|   |  |                      |                      | - 2002   |
| Do you offer the following benefits to your employees & their families?   |  |                      |                      |  |
| Do you contribute to program costs?   |  |                      |                      |  |
| ▪ Medical   |  |                      |                      |  |
| ▪ Dental  |  |                      |                      |  |
| ▪ Mental  |  |                      |                      |  |
| ▪ Vision  |  |                      |                      |  |
| ▪ Other   |  |                      |                      |  |
| <b>4. FLEXIBLE WORK TIME</b>  |  |                      |                      |  |
| <b>SERVICE</b>  | <b>DESCRIBE SERVICES<br/>Must be Completed<br/>Attach Supporting<br/>Documentation</b> | <b>2003<br/>✓YES</b> | <b>2004<br/>✓YES</b> | <b>HOW HAVE YOU<br/>IMPROVED<br/>AND/OR<br/>REPLACED<br/>THIS SERVICE<br/>- 2002</b> |
| Phase-back Flexible time: Do you allow employee to return to work on a reduced hour basis after an illness, childbirth or adoption?   |  |                      |                      |  |
| Reduced Flexible time: Do you allow your employees to have a flexible work schedule on a predictable long-term basis with benefits and adjusted salaries based on hours worked? |  |                      |                      |  |

|   |  |  |  |  |
|---|--|--|--|--|
| Full Schedule Flexible Time & Compressed Workweeks for Full Time Employees?:<br>Do you allow your employees to put in 40 hour in less than five days? (e.g. four 10 hour days)                              |  |  |  |  |
| Job Sharing: Do you allow two employees to split one full-time position with shared or divided responsibilities?  |  |  |  |  |
| Flex-a-Place: Work at Home: Do you allow employees to perform part or all of job responsibilities at home? Company may provide equipment and supplies and/or training or ongoing support for telecommuting. |  |  |  |  |
| Sick Leave/Personal Leave Time: Do you allow employees time to care for dependents who are ill and personal time for any dependent related needs? (school functions, medical appointments)                  |  |  |  |  |

***5. PARENTAL LEAVE***

| <b>SERVICE</b> | <b>DESCRIBE SERVICES<br/>Must be Completed<br/>Attach Supporting<br/>Documentation</b> | <b>2003<br/>✓YES</b> | <b>2004<br/>✓YES</b> | <b>HOW HAVE YOU<br/>IMPROVED<br/>AND/OR<br/>REPLACED<br/>THIS SERVICE<br/>- 2002</b> |
|----------------|--|----------------------|----------------------|--|
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| <p><b>Under the Family and Medical Leave Act employers with 50 or more workers are required by federal law to give new parents up to 12 weeks of unpaid leave.</b></p> <p>▪ <b>Companies with 50 or more workers:</b> Do you exceed the mandated program (number of weeks, paid leave and benefits +?)</p> |  |  |  |  |
| <p>▪ <b>Companies under 50 employees:</b> Do you meet or exceed the Family and Medical Leave Act requirements?</p>   |  |  |  |  |

**6. RETIREMENT/SAVINGS PLANS**

| <p><b>SERVICE</b></p>   | <p><b>DESCRIBE SERVICES</b><br/>Must be Completed<br/>Attach Supporting<br/>Documentation</p> | <p><b>2003</b><br/>✓YES</p> | <p><b>2004</b><br/>✓YES</p> | <p><b>HOW HAVE YOU IMPROVED AND/OR REPLACED THIS SERVICE - 2002</b></p> |
|---|---|-----------------------------|-----------------------------|---|
| <p>Do you offer your employees retirement savings plan in which employees may contract pre-tax dollars?</p> |   |                             |                             |   |
| <p>Do you offer matched dollars toward your employees' retirement plan?</p>                                 |   |                             |                             |   |
| <p>Do you offer your employees a fully funded retirement plan?</p>  |   |                             |                             |   |

***7. ADDITIONAL BENEFITS & SERVICES NOT LISTED ABOVE***

DESCRIBE SERVICE (Use reverse of this page and/or attach information)