



**2009 LARGE BUSINESS RATINGS KEY**

**BUSINESS NAME:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

1.WORK/LIFE BALANCE	DESCRIBE SERVICES Complete & Attach Supporting Documentation	✓YES
<b>Survey:</b> Do you survey your employees in regard to family needs on a consistent basis?		
<b>Employee Assistance Programs (EAP):</b> Do you subscribe to an outside agency to provide family related services?		
<b>Management Staff:</b> Do you provide a corporate culture that supports family-friendly programs and managers that encourage use of the programs and vehicles that promote them? Do you conduct manager training in the above?		
<b>Do you provide on-site family seminars?</b> 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?)		
<b>Wellness Programs:</b> Do you offer on site facilities or a subsidy toward wellness programs?		
<b>Education Financial Assistance</b> <ul style="list-style-type: none"> <li>▪ Do you offer assistance to your employees?</li> <li>▪ Do you offer assistance to their families?</li> </ul>		
<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? (medical/dental/vision/child care/ eldercare, etc.		

**All Benefits Must Be Supported By Printed Policy**

**Business Name:** \_\_\_\_\_

<b>2. DIRECT HEALTH CARE/FINANCIALSERVICE</b> Specify benefit and % of cost for individual & family	<b>DESCRIBE SERVICES</b> Complete & Attach Supporting Documentation	<b>✓YES</b>
<ul style="list-style-type: none"> <li>▪ <b>Medical</b></li> </ul>		
<ul style="list-style-type: none"> <li>▪ <b>Dental</b></li> </ul>		
<ul style="list-style-type: none"> <li>▪ <b>Mental</b></li> </ul>		
<ul style="list-style-type: none"> <li>▪ <b>Vision</b></li> </ul>		
<ul style="list-style-type: none"> <li>▪ <b>Other</b></li> </ul>		
<b>If not any of the above, do you provide information on obtaining health care for your employees &amp; their families?</b>		

<b>3. CHILD CARE SUPPORT</b>	<b>DESCRIBE SERVICES</b> Complete & Attach Supporting Documentation	<b>✓YES</b>
<b>Sick Child Care Program</b>		
<b>Direct Child Care Subsidy</b>		
<b>Dependent Care Pre-tax Accounts</b>		
<b>On-site Child Care Program (formal or informal)</b>		
<b>On-site Infant Care</b> <ul style="list-style-type: none"> <li>▪ Do you allow mothers to bring under 6-month-old to work?</li> <li>▪ Do you provide lactation programs? (Special room)</li> </ul>		
<b>Disaster Plan:</b> Do you have a disaster plan that addresses the needs of your employees families?		
<b>Emergency Child Care:</b> Do you have an emergency child care policy incorporated in your disaster plan?		
<b>Business Partnership with child care centers.</b> Do you provide resources for child care centers? (Financial, materials, programs, training, etc.)		

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4. FLEXIBLE WORK TIME	DESCRIBE SERVICES Complete & Attach Supporting Documentation	✓YES
<b>Phase-back Flexible time:</b> Do you allow employee to return to work on a reduced hour basis after an illness, childbirth or adoption?		
<b>Reduced Flexible time:</b> 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?		
<b>Full Schedule Flexible Time &amp; Compressed Workweeks for Full Time Employees?:</b> Do you allow your employees to put in 40 hour in less than five days?		
<b>Job Sharing:</b> Do you allow two employees to split one full-time position with shared or divided responsibilities?		
<b>Flex-a-Place: Work at Home:</b> 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.		
<b>Sick Leave/Personal Leave Time:</b> Do you allow employees time to care for dependents who are ill and personal time for any dependent related needs? (school functions, medical appointments)		

TIME OFF & PARENTAL LEAVE	DESCRIBE SERVICES Complete & Attach Supporting Documentation	✓YES
Under the <b>Family and Medical Leave Act</b> employers with 50 or more workers are required by federal law to give new parents up to 12 weeks of unpaid leave.		
<b>Do you meet or exceed the Family &amp; Medical Leave Act requirements?</b> (number of weeks, paid leave and benefits)		
<b>Do you offer maternity, paternity and adoption leave?</b> <ul style="list-style-type: none"> <li>▪ Unpaid</li> <li>▪ Paid or partially paid</li> </ul>		
<b>Do you offer job guaranteed time off following childbirth and adoption?</b>		
<b>Elder/Family emergency Care</b> <ul style="list-style-type: none"> <li>▪ Do you offer time off to care for family members?</li> </ul>		

**All Benefits Must Be Supported By Printed Policy when available or Owner's Formal Statement of Support**

Business Name: \_\_\_\_\_

RETIREMENT/SAVINGS PLANS	DESCRIBE SERVICES Complete & Attach Supporting Documentation	✓YES
Do you offer your employees retirement savings plan in which employees may contract pre-tax dollars?		
Do you offer matched dollars toward your employees' retirement plan?		
Do you offer your employees a fully funded retirement plan?		

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

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