



2010 LARGE BUSINESS RATINGS KEY

BUSINESS NAME: _____

Contact Name: _____ **Title:** _____

Work Phone: _____ **Email:** _____

1.WORK/LIFE BALANCE	DESCRIBE SERVICES Complete & Attach Supporting Documentation	✓YES
Survey: Do you survey your employees in regard to family needs on a consistent basis?		
Employee Assistance Programs (EAP): Do you subscribe to an outside agency to provide family related services?		
Management Staff: 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?		
Do you provide on-site family seminars? parenting, literacy, eldercare, etc.		
Resource Services: Do you offer information, resource services & referrals for family issues?		
Do you offer personal services? (dry cleaning, ATM, food services, etc)		
Newsletter: Do you publish an employee newsletter including information for families? (How often?)		
Wellness Programs: Do you offer on site facilities or a subsidy toward wellness programs?		
Education Financial Assistance <ul style="list-style-type: none"> ▪ Do you offer assistance to your employees? ▪ Do you offer assistance to their families? 		
Volunteer Opportunities: Do you offer employees time for volunteering in the community?		
Cafeteria Plan: 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: _____

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

3. CHILD CARE SUPPORT	DESCRIBE SERVICES Complete & Attach Supporting Documentation	✓YES
Sick Child Care Program		
Direct Child Care Subsidy		
Dependent Care Pre-tax Accounts		
On-site Child Care Program (formal or informal)		
On-site Infant Care <ul style="list-style-type: none"> ▪ Do you allow mothers to bring under 6-month-old to work? ▪ Do you provide lactation programs? (Special room) 		
Disaster Plan: Do you have a disaster plan that addresses the needs of your employees families?		
Emergency Child Care: Do you have an emergency child care policy incorporated in your disaster plan?		
Business Partnership with child care centers. 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
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?: Do you allow your employees to put in 40 hour in less than five 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)		

TIME OFF & PARENTAL LEAVE 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.	DESCRIBE SERVICES Complete & Attach Supporting Documentation	✓YES
Do you meet or exceed the Family & Medical Leave Act requirements? (number of weeks, paid leave and benefits)		
Do you offer maternity, paternity and adoption leave? <ul style="list-style-type: none"> ▪ Unpaid ▪ Paid or partially paid 		
Do you offer job guaranteed time off following childbirth and adoption?		
Elder/Family emergency Care <ul style="list-style-type: none"> ▪ Do you offer time off to care for family members? 		

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)