



**2010 SMALL BUSINESS RATINGS KEY**

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

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

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

<b>1. WORK/LIFE BALANCE</b>	<b>DESCRIBE SERVICES</b> Complete & Attach Supporting Documentation if available	<b>✓YES</b>
<b>Survey:</b> Do you survey your employees in regard to family needs on a consistent basis?		
<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?		
<b>Resource Services:</b> Do you provide resource information and referrals on family issues? parenting, literacy, eldercare, etc.		
<b>Do you offer personal services?</b> (dry cleaning, ATM, food services, etc)		
<b>Wellness Programs:</b> Do you offer subsidy toward wellness programs and an emphasis on healthy lifestyle and general wellness? (note service provided)		
<b>Housing financial Assistance:</b> (specify)		
<b>Education Financial Assistance:</b> Do you offer assistance/scholarships 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>2. DIRECT HEALTH CARE/FINANCIAL</b> Specify benefit and % of cost for individual & family	<b>DESCRIBE SERVICES</b> Complete & Attach Supporting Documentation if available	<b>✓YES</b>
▪ <b>Medical</b>		
▪ <b>Dental</b>		
▪ <b>Mental</b>		
▪ <b>Vision</b>		
▪ <b>Other</b>		
<b>If not any of the above, do you provide information on obtaining health care for your employees &amp; their families?</b>		

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

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3. CHILD CARE SUPPORT SERVICE	DESCRIBE SERVICES Complete & Attach Supporting Documentation if available	✓YES
Direct Child Care Subsidy		
Dependent Care Pre-tax Accounts		
On-site Child Care (informal or formal)		
Before and After-School Care		
<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: Do you have a disaster plan that addresses the needs of your employees families?</b>		
<b>Business Partnership with child care centers. Do you provide resources for child care centers? (Financial, materials, programs, training, volunteers, etc.)</b>		

4. FLEXIBLE WORK TIME	DESCRIBE SERVICES Complete & Attach Supporting Documentation if available	✓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? (e.g. four 10 hour 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)		

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<p><b>5. TIME OFF &amp; PARENTAL LEAVE</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.</p>	<p><b>DESCRIBE SERVICES</b> Complete &amp; Attach Supporting Documentation if available</p>	<p>✓YES</p>
<p>Do you meet or exceed the Family &amp; Medical Leave Act requirements? (number of weeks, paid leave and benefits)</p>		
<p>Do you offer maternity, paternity and adoption leave?</p> <ul style="list-style-type: none"> <li>▪ Unpaid</li> <li>▪ Paid</li> <li>▪ Partially paid</li> </ul>		
<p>Do you offer job guaranteed time off following childbirth and adoption?</p>		
<p>Elder/Family emergency Care Do you offer time off to care for family members?</p> <ul style="list-style-type: none"> <li>▪ Unpaid</li> <li>▪ Paid</li> <li>▪ Partially paid</li> </ul>		

<p><b>6. RETIREMENT/SAVINGS PLAN</b></p>	<p><b>DESCRIBE SERVICES</b> Complete &amp; Attach Supporting Documentation if available</p>	<p>✓YES</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>		

<p><b>7. ADDITIONAL BENEFITS &amp; SERVICES NOT LISTED ABOVE</b></p>
<p>DESCRIBE SERVICE (Use reverse of this page and/or attach information)</p>

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