

Exemptions Worksheet

Worker Name: _____

Worker Date of Birth: _____ / _____ / _____
Month Day Year

Employer Name: _____

Case ID: _____

OVERTIME EXEMPTION

The Department of Labor requires all workers be paid overtime wages for any hours worked over 40 in a single work week UNLESS the worker lives in the home with the participant at least 5 days of the workweek. To determine whether you, the worker, are exempt from this rule, **you and your employer must check one of the statements below:**

- Yes, I live with the participant at least 5 days of the workweek.** I understand that by selecting this statement, I am not eligible for overtime wages. Hours worked over 40 in a single workweek will be paid at the regular hourly rate in accordance with the budget. My employer is responsible for notifying Palco immediately of any change to my residence status that affects this exemption.
- No, I do not live with the participant, and my employer wishes to make remaining funds in the budget available to pay overtime wages, if approved to do so.** My employer understands that the budget is limited and may not cover all overtime wages owed to me. It is my employer's responsibility to ensure that any unpaid overtime wages owed to me are paid from his/her personal funds.
- No, I do not live with the participant, and my employer will pay overtime wages from his/her personal funds.** My employer does not wish Palco to apply available funds in my budget to pay overtime wages. My employer understands that by selecting this option, it is my employer's responsibility to pay all overtime wages owed to me from his/her personal funds.

FAMILY MEMBER TAX EXEMPTION

Workers who provide domestic or household services in the home of a self-directing participant or their representative may be exempt from paying certain taxes that are normally paid through employment. To determine any tax exemption status, please **check any of the statements below that apply to you and your relationship to your employer:**

- I am the spouse of my employer.**
--You and your employer are both exempt from paying FICA, and your employer is exempt from paying FUTA on wages paid to you.
- I am the child of my employer, and I am under the age of 21 during the entire tax year.**
--You and your employer are both exempt from paying FICA, and your employer is exempt from paying FUTA on wages paid to you until you turn 21.
- I am the child of my employer, and I am over the age of 21.**
--You and our employer are subject to both FICA and FUTA taxes
- I am the parent of my employer.**
--You and your employer are both exempt from paying FICA, and the employer is exempt from paying FUTA on wages paid to this employee.
- None of the options above apply to me—I am not the spouse, child, or parent of my employer.**

The family member rules only pertain to situations in which domestic work is performed in the employer's private home. (See IRS Publication 15 and IRS Revenue Procedure 2013-39 for more details.)

Employer Signature_____
Date_____
Worker Signature_____
Date