

**ATTACHMENT A**



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

**Airport Living Wage Ordinance Workforce Statement and Health Insurance Verification  
Documentation for Annual Report (Due to Airport Director's Office Division by Jan. 31)**

<b>Definition of a covered employee:</b>	1) Does not provide volunteer services that are uncompensated except for reimbursement of expenses such as meals, parking, transportation; 2) Expends at least 1/2 of his/her time working on Airport business or work at the Airport; 3) Is at least 18 years.
FT Employee:	2,080 hours per year (173.33 hours per month)

Our company offers health insurance benefits:		Back-up documentation is required, i.e., Insurance company statement w/employee names and descriptions of enrolled plans.
Waiting period for new hire eligibility into health insurance?		
Our company offers retirement benefits:		Back-up documentation is required, i.e., retirement plan documentation w/employee names and current status.
Waiting period for new hire eligibility into retirement benefit?		
Employees are Represented by a Collective Bargaining		Copy of CBA is required.

**Hourly Employee Compensation Documentation for Covered Employees**

Last Name	First Name	Job Title	Date of Hire	Date Terminated (if applicable)	<u>Covered Employee Basic Hourly Pay Rate</u>	<u>Employer Hourly Contribution to Health Benefit (medical/vision/dental)</u>	<u>Employer Hourly Contribution to Employee Retirement Benefit (pension, profit sharing, 401(k))</u>	<u>Covered Employee Total Hourly Pay Rate</u>