

REQUEST FOR WAIVER OF THE PROVISIONS OF THE NASSAU COUNTY LIVING WAGE LAW
(Please attach all supporting documentation)

Name of Organization: _____

Address of Organization: _____

Date of Request: _____

To the Living Wage Waiver Review Officer:

1. I am the Chief Executive Officer of the above organization, which is a County Contractor as defined in the Nassau County Living Wage Law.
2. This application concerns one or more County Service Contracts which my organization has entered into to provide the following services to the County of Nassau:

3. The contract number(s) and initial contract period(s) of the above County Service Contract(s) are:

(If you do not have this information, it can be provided to you by the County department with which you contract)

4. I request that the application of the provisions of the Living Wage Law be waived for the duration of the above County Service Contract(s) initial term. Should the contract be amended, extended or renewed beyond the initial contract term, I will re-apply for a waiver to cover the additional contract period.

I am applying for a waiver for the following reason (check one):

- a) _____ The highest paid officer or employee in my organization earns a salary plus fringe benefits, valued in accordance with a method determined by the Comptroller which, when calculated on an hourly basis, is less than six times the lowest wage or salary plus fringe benefits paid individuals employed by my organization. I have attached a certified and sworn Waiver Eligibility Compensation Ratio Test Form.

- b) _____ Compliance with the requirements of the Living Wage Law will directly increase my organization's expected total annual budget in an amount greater than ten percent over the prior fiscal year's budget. I am providing with this application a certified and sworn copy of my organization's budget for the last fiscal year along with a certified and sworn copy of my organization's expected budget taking into account increases in salary, wages and/or fringe benefits as a result of compliance with the Living Wage Law.

- c) _____ My organization is providing one of the following services to the County and compliance with the Living Wage Law would exceed the amount, per hour or per diem (as the case may be), reimbursed to the County by any State or Federal Source:
 - i. Services under the Expanded In-home Services for the Elderly Program (EISEP)
 - ii. Foster care services under the New York Social Services Law.
 - iii. Residential domestic violence services under the New York Social Services Law.
 - iv. Residential care, educational and vocational training, physical and mental health services, and employment counseling services to residents of the Juvenile Detention Center under the New York Executive Law.

5. **(For reason (a) or (b))** My organization, at the time a bid was placed or a proposal was submitted for the County Service Contract(s) at issue, submitted a budget which included a breakdown of the wages and fringe benefits paid to employees of my organization who would be covered under the Living Wage Law.

_____ **(Initial)**

6. **(For reason (a) or (b))** If a waiver is granted, my organization will decrease its budgeted wage allocation to that amount my organization would have paid its employees had the requirements of Living Wage Law not been applied. _____ **(Initial)**
7. Should the Living Wage Review Officer require any additional information regarding this request, I may be reached at the following contact information:

Phone: _____

Email: _____

Signature of Chief Executive Officer

Name of Chief Executive Officer

Sworn to before me this

_____ day of _____, 20__

Notary Public

Please mail this form and any supporting documentation the following address:

County of Nassau
Attn: Living Wage Waiver Review Officer
One West Street, Fifth Floor
Mineola, New York 11501



**NASSAU COUNTY LIVING WAGE LAW
WAIVER ELIGIBILITY
COMPENSATION RATIO TEST**

		Estimated Amounts to be Paid by Employer During Contract Period	
		Highest Paid Employee	Lowest Paid Employee
Line	Type of Compensation paid by Contractor	Projection for full Contract Period	Projection for full Contract Period
1	Salary/Wages*		
2	Any monies contributed to a Cafeteria Benefit Plan		
3	Monies paid into a pension plan, annuity, 401(k) plan or any other deferred compensation plan on behalf of an employee		
4	The value of any discounted services provided to the employee or his/her dependents		
5	Accident /Health/Dental/Vision insurance premiums or benefits such as cash reimbursements		
6	Long Term Care Insurance		
7	Achievement Awards – cash and non-cash		
8	Bonuses		
9	Adoption assistance		
10	Athletic facilities/gym memberships		
11	Dependent Care Assistance		
12	Educational Assistance		
13	Stock Options		
14	Dividends paid to employee/owner		
15	Imputed Interest on below-market rate loans to employee		
16	Group-term life insurance premiums		
17	Employer contributions to Health Savings accounts		
18	Meals Provided		
19	Retirement/Financial Planning Services		
20	Transportation/Commuting Benefits		
21	Club Membership		
22	Housing Costs		
23	Lease Value of Vehicles (determined in accordance with rules contained in IRS Publication 15-B)		
24	Use of Credit Card for personal expenses		
25	Value of personal use of cell phone		
26	Fair Market Value of any contractor property transferred to the employee		
27	Any other financial distribution of any kind including, but not limited to, payment of personal expenses not reimbursed by the employee		
28	Any other compensation not included above		
29	Total Compensation of Highest and Lowest Paid Employees (Total of Lines 1 through 28)		
30	Number of Hours Worked during Year		
31	Number of hours worked per week based on Contractor's Standard Workweek (not to exceed 40 hours.)		
32	Number of Weeks per Year		
33	Number of Hours Worked per Year (Line 31 times Line 32)		
32	Average Hourly Compensation of Highest Paid Employee (Line 29 divided by Line 33)		
33	Average Hourly Compensation of Lowest Paid Employee (Line 29 divided by Line 30)		
34	Ratio of Highest paid Employee to Lowest Paid Employee (Line 32 divided by Line 33)		

Name of Contractor _____
 Name of Highest Paid Employee _____
 Name of Lowest Paid Employee _____

* Please attach a copy of the latest W-2 forms and/or the current year-to-date payroll register with Social Security numbers and home addresses redacted.

Certification of Payroll Data

ANY FALSE STATEMENT MADE IN THIS DOCUMENT IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

The contractor hereby certifies that the compensation information provided to the Nassau County Comptroller's Office for verification of eligibility for a waiver from the Living Wage Law is a true and correct listing of all compensation paid or to be paid to the highest paid employee and the lowest paid employee, and that the amounts contained therein are, to the best of my knowledge and belief, true, correct and complete. Any statements or representations made herein shall be accurate and true as of the date written below.

Dated _____

Signature of Chief Financial Officer

Name of Chief Financial Officer

All Information Provided is Subject to Audit by the Nassau County Comptroller's Office. Supporting documentation for the amounts disclosed on this form must be retained. Any questions pertaining to this form may be addressed to 516-571-3668