



Fair Labor Standards Act (FLSA) Questionnaire for Non-Uniform Non-Exempt Employees

The purpose of this questionnaire is to obtain detailed information that will assist in monitoring and identifying potential areas of non-compliance relative to Fair Labor Standards Act (FLSA) activities. We will utilize this information to work with City Departments to develop and implement corrective actions and practices to ensure consistent application and compliance of the FLSA laws throughout the City of Little Rock organization. Therefore, this questionnaire should be completed as honestly, completely, accurately and as specific as possible by all non-uniform non-exempt (*eligible for compensatory time/overtime when required to work over forty (40) hours within a week*) employees and returned to the Department of Human Resources, Classification Division on or before December 31, 2020.

1. Are you scheduled to work forty (40) hours a week? YES NO
If no, what are your scheduled work hours (specify days of the week and hours scheduled)

2. Are you allowed to work a flexible work schedule? YES NO
If yes, please explain: _____

3. Do you complete a time sheet? YES NO
If no, how do you document/record your hours worked?

4. Do you complete your time sheet or does someone other than you complete your timesheet?

5. Does your timesheet reflect the “actual” hours worked or your “scheduled” work hours?

6. Do you receive prior approval for hours worked beyond your scheduled work hours? YES NO

7. Do you receive compensatory time, overtime payment or is your schedule flexed each time you are required to work beyond your scheduled shift?
 YES NO If yes, how _____

When approved and granted overtime payment, is your accrued overtime reflected on your check advice at a rate of time and one half? YES NO

8. Do you work another job within the City of Little Rock? YES NO
If yes, please specify what Department, what job _____

9. Are you required to be on-call? YES NO If yes, are you compensated for on-call? YES NO

10. Do you document/record your meal break? YES NO
If yes, how? _____

Do you take at least a thirty (30) minute meal break? YES NO If no, how long do you take? _____

11. Do you take your meal breaks at your desk/work station? YES NO



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12. If your meal break is interrupted, does your department compensate you for this interruption? YES NO
13. Do you access your email account or any City systems (Departmental software, NeoGov, LEARN training modules, etc.) after your scheduled work hours or during your time off? YES NO
If yes, is this time recorded on your timesheet YES NO
14. Do you ever receive and respond to work related e-mails, telephone calls or text messages for City business during your regularly scheduled work hours on your personal cell phone or other electronic device? YES NO
15. Do you ever receive and respond to work related e-mails, telephone calls or text messages for City business outside of your regularly scheduled work hours on your personal or City issued electronic device? YES NO
If yes, which one (personal or City issued) _____
If yes, please specify on average how often this occurs and provide the average number of hours within a work week. _____
- Do you record the time for any of these contacts on your timesheet? YES NO
16. Do you have keys or access to gain entry into your work building outside of your normal scheduled shift?
 YES NO
If yes, do you ever enter the building to work after hours or before your scheduled shift?
 YES NO If yes, are you compensated for this time YES NO
If yes, how early do you enter the building before your scheduled work shift?

17. Do you ever start work before your scheduled work time? YES NO
If yes, how early? _____ Is this recorded on your time sheet? YES NO
18. Do you have any required activities that are performed before the start of your scheduled shift? (e.g. start up a vehicle, sort mail, make coffee, etc.) YES NO
If yes, please explain: _____
When this happens, is this time recorded on your timesheet? YES NO
19. Do you attend City of Little Rock afterhours or weekend events, meetings, etc.? YES NO
20. Are you ever asked to volunteer to participate in City sponsored events? YES NO
If yes, please explain: _____
Is the volunteer activity directly related to the work of your Department? YES NO
If yes, is this time reflected on your timesheet? YES NO
21. Do you ever take work home or perform any activities on behalf of the City of Little Rock beyond your scheduled work hours? (e.g. to care for a sick animal, to care for assigned work animal (horses)) YES NO
If yes, how often? (e.g. weekly, monthly, etc.) _____
how long? (e.g. 3 minutes, 10 minutes, etc.) _____
When this happens, is this time recorded on your timesheet? YES NO



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22. Do you drive a City vehicle or personal vehicle for City business in the performance of essential job functions on a regular basis (e.g. daily, weekly, monthly)? YES NO

Do you pick up and return the vehicle to your assigned work location? YES NO

If no, where do you pick up the vehicle (e.g. satellite location)? _____

Is the time of pick up of the vehicle recorded on your timesheet? YES NO

23. Do you ever have to drive for City business before or after your scheduled work hours? YES NO

If yes, please explain: _____

24. Do you ever travel to attend training or work related activities? YES NO

If yes, is your travel typically scheduled within your regularly scheduled work hours?

YES NO

If no, please explain: _____

Do you ever drive or ride as a passenger for work related travel business? YES NO

If you drive on a non-work day for work related business, are you compensated for driving? YES NO

Are there any FLSA related issues you would like to address that are not covered in this questionnaire, please explain:

Employee Name (PLEASE PRINT)

Employee ID Number

Job Title

Department

Employee Signature

Date

My signature acknowledges that the information provided on this questionnaire is accurate and true.

Supervisor Signature

Date

My signature acknowledges that the information provided on this questionnaire is accurate and true.

Department Director

Date

My signature acknowledges that the information provided on this questionnaire is accurate and true.