



Name: \_\_\_\_\_

EE # \_\_\_\_\_

# 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, 2022.

1. Are you scheduled to work forty (40) hours a week?  YES  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. How do you document/record your hours worked?  time sheet  time clock  
Please explain if something other than a time sheet or time clock is utilized.  
\_\_\_\_\_

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

5. Does your time sheet 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 standby?  YES  NO If yes, are you compensated for standby?  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. What time do you generally take your meal break? \_\_\_\_\_



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12. Do you take your lunch break at the beginning or the end of your scheduled shift? \_\_\_\_\_
13. Do you take your meal breaks at your desk/work station?  YES  NO
14. If your meal break is interrupted, does your department compensate you for this interruption?  YES  NO
15. 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
16. 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
17. 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
18. 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?  
\_\_\_\_\_
19. 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
20. 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
21. Do you attend required work related City of Little Rock afterhours or weekend events, meetings, etc.?  YES  NO
22. 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
23. 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 perform time entry functions, etc.)  YES  NO  
If yes, how often? (e.g. weekly, monthly, etc.) \_\_\_\_\_



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how long? (e.g. 3 minutes, 10 minutes, etc.) \_\_\_\_\_

When this happens, is this time recorded on your timesheet?  YES  NO

24. 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

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

If yes, please explain: \_\_\_\_\_

25. 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.***