

# LIVING WAGE ORDINANCE APPLICATION FOR EXEMPTION



Send form to: **CITY OF SAN DIEGO**  
Living Wage Program  
202 C Street, MS 9A  
San Diego, CA 92101  
FAX 619/533-3240

## COMPANY INFORMATION

Company Name:

Company Address:

Company Contact Name:

Contact Phone:

## CONTRACT INFORMATION

Contract Number (if no number, state location):

Start Date:

Contract Amount:

End Date:

Purpose/Service Provided:

## EXEMPTION BASIS

Check one option and submit required supporting documentation.

- Business employs 12 or fewer employees, including parent and subsidiary entities, for each working day in each of 20 or more calendar weeks in current or preceding calendar year. §SDMC 22.4215 (b)(1).

Required documentation: Correspondence on company letterhead and signed by a legally authorized officer documenting number of employees and copy of firm's State of California Employment Development Department Quarterly Wage and Withholding Report.

- Business organized under IRS section 501(c)(3) and highest officer's salary, when calculated on an hourly basis, is less than eight times the hourly wage rate of the lowest paid full-time employee. §SDMC 22.4215 (b)(2).

Required documentation: Copy of IRS letter recognizing status as non-profit organized under section 501(c)(3) AND statement of salary listing corporation's highest paid officer and lowest paid worker, both computed on an hourly basis.

- Collective Bargaining Agreement is in place which specifically supersedes the Living Wage Ordinance. §SDMC 22.4240.

Required documentation: Copy of collective bargaining agreement OR written confirmation from union representing employees working on the contract.

- Other – Cite LWO Municipal Code section: \_\_\_\_\_

Required documentation: Correspondence explaining basis of request for exemption.

## CONTRACTOR CERTIFICATION

By signing, the contractor certifies under penalty of perjury under laws of the State of California that information submitted in support of this application is true and correct to the best of the contractor's knowledge.

\_\_\_\_\_  
Name of Signatory

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approval of this application exempts only the listed contractor from the LWO during performance of this contract. A subcontractor performing work on this contract is not exempt unless separate exemption has been applied for and approved.

## FOR OFFICIAL CITY USE ONLY

- Not Approved – Reason: \_\_\_\_\_

- Approved

LWO Analyst: \_\_\_\_\_

Date: \_\_\_\_\_