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 Phone (619) 236-6682 Fax (619) 533-3240

COMPANY INFORMATION			
Cor	npany Name:		
Cor	npany Address:		
Company Contact Name:			Contact Phone:
		CONTRAC	T INFORMATION
Contract Number (if no number, state location):			Start Date:
Contract Amount:			End Date:
Pur	pose/Service Provided:		
		EXEM	PTION 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 e calendar weeks in current or preceding calendar year and, in the City's determination, will not need to retain mor employees (including subcontractors) to perform work related to the City contract. §SDMC 22.4215 (c)(1).		
	Required documentation:	employees AND copy of firm's	erhead and signed by a legally authorized officer documenting number of State of California Employment Development Department <i>Quarterly</i> <i>Wages (Continuation)</i> [form DE9C] for prior two quarters.
	Business organized under IRS section 501(c)(3) and highest officer's salary, when calculated on an hourly basis, is less than times the hourly wage rate of the lowest paid full-time employee. §SDMC 22.4215 (c)(2).		
	Required documentation:		atus as non-profit organized under section 501(c)(3) <u>AND</u> statement of 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			lly supersedes the Living Wage Ordinance. §SDMC 22.4240.
	Required documentation:	Copy of collective bargaining ag working on the contract.	reement <u>OR</u> written confirmation from union representing employees
	□ Other – Cite LWO Municipal Code section:		
	Required documentation:	Correspondence explaining basis of	of request for exemption.
		CONTRACTO	DR 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
			r from the LWO during performance of this contract. A subcontractor exemption has been applied for and approved.
FOR OFFICIAL CITY USE ONLY			
	Not Approved – Reason:		
	Approved	LWO Analyst:	Date: