



AMM Accounting Solutions and Consulting, LLC

1046 E. Pistioa Drive Meridian, Idaho 83642

Live-in Overtime Exemption Attestation

Name of Employer: _____

Name of Person Receiving Services _____

I confirm that my employee listed below is a qualified live-in domestic service worker and is exempt from the Fair Labor Standards Act overtime requirements.

I attest to the following:

- My employee will be paid at least minimum wage for all hours worked.
- My employee resides on my premises permanently or for extended periods of time.
- There is a written agreement that denotes the number of hours that my employee will work. It is understood that:
 - designated sleeping hours, meal hours and other periods of freedom from work duties are excluded from hours worked.
 - Employees must be compensated if work duties interrupt the freedom from work hours.
 - Employees may either remain on site or leave the premises during freedom from work hours.

I acknowledge that I am the employer of the employee below and that I comply with the requirements of exemption.

Employer Signature: _____ Date _____

Employee Signature: _____ Date _____

Employee Name (please print): _____