ANCOR is gathering data from member agencies to assist us in responding to the recently-proposed Department of Labor rule that would significantly increase the salary threshold for overtime-exempt executive, administrative, and professional workers. The proposed rule suggests raising the threshold from the current \$23,660/year to the 40th percentile of earnings for full-time salaried workers (estimated to be \$50,440/yr in 2016). The Department of Labor has asked for public comment on the appropriateness of the proposed salary threshold, mechanism for automatically updating salary levels, and existing duties test requirements.

Please provide as much requested information as possible to best assist ANCOR in coordinating a multi-layered response to the proposed rule. We understand that hours and duties often fluctuate week to week, so please provide your best estimate where appropriate.

NOTE TO MULTI-STATE PROVIDERS: It is important that we analyze data state-by-state. If you operate in multiple states, please provide information broken down by state by completing the questions as prompted for each state (this survey has the capacity to collect data for up to 10 states). You may also email the data to Katherine Berland (kberland@ancor.org) in a spreadsheet or other format if that is more convenient. Please email Katherine with any questions as well.

ANCOR will consolidate the data gathered for reporting purposes and will not include identifying information when submitting information to other entities unless expressly given permission to do so. TIME IS OF THE ESSENCE! PLEASE TRY TO COMPLETE THIS SURVEY BY AUGUST 3, 2015.

## \*1. Please provide the following information: Name: Agency: Address: Address 2: City/Town: $| \mathbf{v} |$ State: ZIP: **Email Address: Phone Number:** \*2. Are you an ANCOR member? Yes Not Sure **\*3. Is your agency:** For-profit Non-profit \*4. Does your agency operate in multiple states? Yes O No

Survey Data - 1st State		
Please answer the follo	owing questions based on data for the selected state.	
*5. Please indica	te the state for which these data apply.	
	and the second s	
6. How many emp	loyees does your agency employ in this state?	
Full-time salaried		
Full-time hourly		
Part-time salaried		
Part-time hourly		
7. How many indiv	viduals does your agency serve in this state?	
8. What are your a	gency's total annual operating expenses in this state?	
	30.00 y 0 000.00 00.00 0 0 0 0 0 0 0 0 0	
O Of your full time		
_	e salaried employees, how many are currently exempt under the strative, or professional overtime exemptions?	
executive, aumini	strative, or professional overtime exemptions:	
10 What paraents	nge of hours worked by salaried, exempt employees is in excess of 40	
-	Approximate if necessary)	
nouis per week! (	Approximate if necessary)	
44 Approximately	what nevertage of time is event by colonied, evenut employees	
performing direct	what percentage of time is spent by salaried, exempt employees	
periorining unect	Care work:	
40 Harrison full		
_	-time salaried, exempt workers do you employ that currently earn less	
than \$50,440/yr?		
40.15		
-	ne a cost-analysis based on the proposed rule, what do you estimate	
your additional co	st for compliance will be in this state?	
-	cost analysis, have you identified a threshold higher than current law	
-	you to continue operating without major structural changes? If so, what	
would that thresh	oia de?	

on-exempt duties? If so, w	hat is it?			
*16. Do you have additional states to enter data for?				
Yes				
No				

Additional Information	on	
	ized as proposed, what strategies for compliance are you like	ely to
adopt? (Check all that		
Reduce # of FT salaried empl		
☐ Increase # of FT salaried emp		
Convert salaried employees to	to hourly workers	
	d employees to meet new threshold	
Restrict overtime permitted		
Hire additional FT/PT employ	yees	
Reduce services provided to i	individuals	
Other (please specify)		
	e your permission to identify your agency to administration	officials
or legislators?		
C Yes		
C Yes C No		
O No	space to share any other information you think would be help	ful for
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End of Survey					
Thank you for completing the survey. If you have more than 10 states to enter data for, please enter the survey again and enter additional information.					
You may contact Katherine Berland at kberland@ancor.org if you have any questions or to submit additional information.					