

Austin, Texas



Exception Application

Economic Development Department
"Investing in Austin's Future"

EXHIBIT A

Date Received: _____

Project: _____



Instructions

The Exception Form is intended to provide firms an opportunity to request a waiver for the requirement to pay the City of Austin's living wage to full-time employees, contract employees, and contract construction employees, to extend benefits to domestic partners, or to provide health benefits for all full-time employees. The completed exception application will be made available to Council and to the public at the time of the staff presentation required by Ordinance No. 20091001-011. Information provided on this form will be used by Council in consideration of granting the exception request.

Questions or Comments

Please contact

Ben Ramirez

Acting Economic Development Manager

ben.ramirez@austintexas.gov

301 West 2nd Street

Suite 2030

Austin, TX 78701

(P) 512-974-6416

(F) 512-974-7825

Company Information

Company Name: _____

Headquarters Location: City: _____ State: _____



Indicate which Minimum Project Requirement is requested to be waived (Eligible requirements for waivers: 1F. The Firm will pay all workers at least the City of Austin’s living wage, including full time employees, contract employees, and contract construction employees, 1G. The Firm will extend benefits to domestic partners of employees and their dependents, or 1H. The firm will provide health insurance benefits for all new full-time employees.):

Provide the financial impact to the company to comply with the minimum project requirements without the waiver, and the cost difference expected if the waiver is approved. If applicable, please provide any additional details regarding nonfinancial hardships that would be remedied with the approval of the waiver.



Please describe any community benefits included in this project that the firm would like considered as part of this waiver:

If requesting a waiver for wages, please provide information regarding how many positions this waiver will apply to, the wages these positions will be paid, and the local median wage for that job classification. Please also describe any plans for workforce development services that will be available to employees:



Please provide any additional thoughts or comments related to the waiver request that could be pertinent to the evaluation process:

Signature

To the best of my knowledge, the information included in this City of Austin Business Exception Application is true and correct, as evidenced by my signature below.

Signature: _____
(Company Representative)

Date: _____