

The Spirit of the Family Awards

For Best Practices in
Family Workplace Policies



Helping all children succeed for life.

Application Due By: January 31, 2003

Based on the Donlon Awards of Success By 6 at United Way of Central New York

Part I: General Information

Company Name: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____

Total number of your employees in the County for which you are applying for the Spirit of the Family Award (complete for one county only):
Polk: _____ Highlands: _____ Hardee: _____

Describe Business Type or Product: _____

Number of Years in Operation: _____

Date of most recent employee needs assessment: _____

PLEASE RETURN COMPLETED APPLICATION TO:

**SUCCESS BY 6®
C/O UNITED WAY OF CENTRAL FLORIDA
PO BOX 1357
HIGHLAND CITY, FL 33846**

If you have any questions, please call Success By 6 at 863/648-1500, extension 265

Part II: The Company Commitment to Family Workplace Policies

1. How committed would you say your company is to family/workplace initiatives? (On a scale of 1-10, with 1 being “not at all” to 10 being “very committed.”) 1 2 3 4 5 6 7 8 9 10

Please circle the letter of the most appropriate answer. Please feel free to comment in any available space if you have additional points you would like to make about your family workplace benefits and policies.

2. How did/does your company determine what work/life benefits/policies are implemented?

- a. Conducted employee needs assessment to determine benefits/policies that are most effective for workforce.
- b. Employee task force proposed benefits to management.
- c. Management met to determine benefits and policies.
- d. Benefits/policies are determined by our corporate office; at a separate location.
- e. Other. Please explain: _____

3. What are the two most important motivations explaining your company’s efforts to address work/life concerns?

- a. To improve recruitment.
- b. To reduce turnover.
- c. To increase productivity.
- d. To increase employee commitment.
- e. To soften the blow of downsizing.
- f. To remain competitive in our industry.
- g. Other. Please explain: _____

4. Has your company been through reorganization, restructuring, or re-engineering in the past two years?

- a. Yes
- b. No

5. If yes, how did the funds/resources for work/life initiatives change, if at all, since reorganization began?

- a. Support has stayed the same.

- b. Support has increased.
- c. Support has decreased.

6. Have you evaluated utilization of family/workplace benefits?

- a. No.
- b. Yes. If yes, describe what was evaluated and the year in which the evaluation was done.

7. What are the most important family/workplace objectives your company has in place or has accomplished? _____

8. Why do you believe your company should be chosen to receive this award? (Please use additional paper, if necessary)

Part III: The Policies Your Company Offers

1. FLEXIBILITY AND TIME OFF POLICIES (Please put a check mark in all boxes that apply and comment as noted. Or add other information that is pertinent to your program/policy in the “Other Comments” section.)

Program/Policy

Please indicate if the policy is: P= Provided , O= Offered, or S= Subsidized

	Non-exempt/ hourly	Exempt	Union	Non-Union	Other Comments:	Points/Notes/Comments (Judges Use Only) - 3	
Flextime							
Part-time work							
Job sharing							
Flex-place (work at home)							
Midday Flex -time off in middle of day							
Compressed work week (allowing staff to work 4, 10-hour days)							
Early Retirement							
Paid Maternity Leave (Beyond disability & Family Medical Leave Act)							
Paid Paternity Leave							
Paid leave for adoptive parents							
Unpaid family leave beyond							
Use of employee sick days to care for dependents							
Paid Time Off Leave Bank (Employees receive a total number of paid time days rather than those assigned to personal, sick, etc.)							
Education Flextime							

2. FINANCIAL ASSISTANCE (Please put a check mark in all boxes that apply and comment as noted. Or add other information that is pertinent to your program/policy in the “Other Comment” section.)

Program/Policy

Please indicate if the policy is: P= Provided, O= Offered, or S= Subsidized

	Non-exempt/ hourly	Exempt	Union	Non-Union	Other Comments	Points/Notes/Comments (Judges Use Only) 5,3,2	
Flexible benefits or cafeteria plan							
Flexible spending account or dependent care							
Flexible spending account for health care							
Long Term Care Insurance							
Adoption Assistance							
Child Care Assistance							
Dependent Care subsidies							
Reimbursement of care needed during work related travel							
Discounts at health clubs							
Education Assistance							
Other:							

3. INFORMATION AND COUNSELING (Please put a check mark in all boxes that apply and comment as noted. Or add other information that is pertinent to your program/policy in the “Other Comments” section.)

<i>Program/Policy</i>	<i>Please indicate if the policy is: P= Provided, O= Offered, or S= Subsidized</i>					Points/Notes/Comments (Judges Use Only) - 3	
	Non-exempt/ hourly	Exempt	Union	Non- Union	Other Comments		
Caregiver fairs							
Seminars on Family issues							
Support groups							
Employee Assistance Program							
Wellness/Health Promotion							
Relocation Assistance							
Special work/life newsletter							
Child Care Referral Services							
Elder Care Referral Services							
On-site Education Programs (i.e., GED, CPR, computer literacy, parent education, English as a Second Language, etc.)							
Other:							

4. HEALTH SUPPORT (Please put a check mark in all boxes that apply and comment as noted. Or add other information that is pertinent to your program/policy in the “Other Comments” section.)

<i>Program/Policy</i>	<i>Please indicate if the policy is: P= Provided, O= Offered, or S= Subsidized</i>					<i>Points/Notes/Comments (Judges Use Only) 5,3,2</i>	
	Non-exempt/ hourly	Exempt	Union	Non-Union	Other Comments:		
Prenatal care support							
Breastfeeding support (One or more of the following are available through the company: Room for Breastfeeding or pumping, literature, lactation consultant)							
On-site fitness center							
On-site fitness programs							
Health insurance for employees							
Health insurance for employees' dependents							
Other:							

5. DEPENDENT CARE SERVICES (Please put a check mark in all boxes that apply and comment as noted. Or add other information that is pertinent to your program/policy in the “Other Comments” section.)

Program/Policy

Please indicate if: P= Provided, O= Offered, or S= Subsidized

	Non-exempt/ hourly	Exempt	Union	Non-Union	Other Comments:	Points/Notes/Comments (Judges Use Only) 5,3,2	
On-site or near-site childcare center							
Support of community-based childcare center (In-kind donations or cash donations)							
Backup childcare services (When primary care is unavailable; relative or formal)							
Get well care for mildly ill children							
After school program							
School holiday/vacation service							
Summer camp							
On-site adult day care center							
Support of community Adult Day Care Center (In-kind or cash contribution)							
Other:							

6. POLICY IMPLEMENTATION (Please put a check mark in all boxes that apply and comment as noted.)

Program/Policy	Company has implemented?	Briefly describe:	Points/ Notes/Comments (Judges Use Only) - 3	
Management training on work/life issues				
Employee training on work/life issues				
Work/life manager or coordinator (An employee designated to coordinate & support the implementation of family workplace policies and programs)				
Task force on work/life issues				
A process for requesting flexible work arrangements				
Performance category for management review that includes ability to be flexible				
Strategy for communicating work/life issues				
Link of work/life to technology (flexible workplace, work at home)				
Other:				

Thank you for submitting your application for the Spirit of the Family Award for Best Practices in Family/Workplace Policies. The Success By 6 Selection Committee will review each application and present awards to companies with the most responsive family/workplace policies and/or benefits at a local event in February 2003.

This survey was adapted from the Corporate Family Solutions 1997 Work/Life Best Practices Benchmark Survey.