



LOS ANGELES AREA
CHAMBER OF COMMERCE

EXCELLENCE IN WORK-LIFE HARMONY

AWARD

In 2016, the Los Angeles Area Chamber of Commerce launched the Work-Life Harmony Award (previously called the Employer Champion Award) to spotlight employers who implement extraordinary work-life harmony policies and practices for their employees and families. The Excellence in Work-Life Harmony Award provides companies a unique opportunity to showcase positive work-life harmony policies and practices, distinguishing them as an exemplary workplace for employees and their families.

The recipient will be recognized at an L.A. Area Chamber event and be featured in a signature event in 2019. A brief video clip highlighting the winner will be shown during the event, and the winner will also be featured in other publications and events throughout the year.

The Excellence in Work-Life Harmony Award will be presented to an employer who has been a pioneer in:

- Workplace wellness programs
- Family health care coverage
- Flexible work schedules
- Maternity, paternity and family leave support
- Child care support
- Employee community engagement opportunities
- Work-life harmony and workplace culture

We invite all employers, large and small, to submit an application or nominate a company that you feel is most deserving of this award. Being a Chamber member is ideal, but is not required.

To receive more information or apply, please contact Humberto M. Estratalan at hestratalan@lachamber.com or 213.580.7541.

EXCELLENCE IN WORK-LIFE HARMONY

AWARD NOMINATION FORM

Employer Name: _____

Number of employees at organization:

- | | | |
|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1-10 | <input type="checkbox"/> 50-100 | <input type="checkbox"/> 500-1000 |
| <input type="checkbox"/> 10-50 | <input type="checkbox"/> 100-500 | <input type="checkbox"/> 1000+ |

Name of nominator if different from above contact info: _____

Workplace Wellness Programs

Does your organization offer any of the following workplace wellness programs? (please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Ergonomic assessment and support | <input type="checkbox"/> Hypertension testing |
| <input type="checkbox"/> On-site gym or exercise class | <input type="checkbox"/> Weight control program | <input type="checkbox"/> Stress management classes |
| <input type="checkbox"/> Gym membership discounts | <input type="checkbox"/> Nutritional education | <input type="checkbox"/> Employee Assistance Program (EAP) |
| <input type="checkbox"/> On-site physical examinations | <input type="checkbox"/> Employee legal benefits | |
| <input type="checkbox"/> College savings plans (529) | | |
| <input type="checkbox"/> Other (describe below) | | |

Flexible Work Schedules

What flexible work options does your company offer? (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Reduced hours | <input type="checkbox"/> Temporary or permanent switch to part-time | <input type="checkbox"/> Flexible start/stop times or core hours |
| <input type="checkbox"/> Compressed work weeks | <input type="checkbox"/> Telecommuting | <input type="checkbox"/> Job sharing |
| <input type="checkbox"/> Other (describe below) | | |

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Maternity, Paternity and Family Leave Support

Does your employer offer additional paid time off (not including short-term disability) for maternity/paternity leave? Yes No

If so, how long is the paid time off offered? _____

Does your employer offer unpaid maternity leave beyond the minimum required under Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA)? Yes No

If so, how long is the unpaid time off offered? _____

Does your employer offer unpaid paternity leave beyond the minimum required under Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA)? Yes No

If so, how long is the unpaid time off offered? _____

Does your employer offer additional time beyond Paid Time Off for family obligations? Yes No

If yes, please describe.

Does your employer offer additional *paid* time to take care of a close family member who is ill beyond the minimum required under Family Medical Leave Act (FMLA)? Yes No

If yes, how many days? _____

Does your employer offer additional *unpaid* time to take care of a close family member who is ill beyond the minimum required under Family Medical Leave Act (FMLA)? Yes No

If yes, how many days? _____

Does your employer offer any other benefits to support maternity, paternity or family illness?

If so, please describe.

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AWARD NOMINATION FORM

Child Care Support

Does your employer provide any of the following financial supports for child care? (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> On-site or near-site company child care center | <input type="checkbox"/> Referral and information services for child care |
| <input type="checkbox"/> Child care subsidies for employees | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Employer offers a Flexible Spending Account (FSA) for child care (employer does not contribute) | <div style="border: 1px solid black; height: 100px;"></div> |
| <input type="checkbox"/> Contract with a child care provider to provide spaces for employees | |
| <input type="checkbox"/> Employer contributes to a Flexible Spending Account (FSA) for child care | |

Employee Community Engagement Opportunities

Does your employer offer opportunities for employees to volunteer together or individually to help the local community? Yes No

If yes, please describe.

Work-Life Harmony and Workplace Culture

Does your organization have a work-life harmony policy or statement? Yes No

Does your company provide guidance and training to supervisors on work-life harmony, wellness, etc.? Yes No

Do your company's mission/values include language about work-life harmony or employee satisfaction? Or does the company website or marketing collateral prominently include such language? Yes No

Are your employer's management and leadership staff strong role models for work-life harmony values? Yes No

Does or has your employer supported public policy initiatives that address work-life harmony? Yes No

If chosen, is your organization willing to participate in the production of a short (two-minute) video about your organization, its policies and practices? Video to be produced in December 2018-January 2019. Yes No