

U. S. Department of Agriculture  
Food Safety and Inspection Service

## Overtime/Holiday Rate Reduction Form

**Purpose:** The purpose of this form is to collect information to determine whether an establishment inspected by the Food Safety and Inspection Service qualifies for an overtime and holiday fee reduction.

**Definitions:** For the purposes of this form, terms are defined as follows:

**Affiliated Companies:** Companies are considered affiliated with each other when one controls the other, or a third-party controls both. It does not matter whether control is exercised, so long as the power to control exists. Affiliated companies can be domestic or foreign. Affiliated companies do not typically include entities that perform contracted services, including human resource support and cleaning services, as defined in 13 CFR §121.103.

**Company:** Any organization/entity (including an *Establishment*) that buys or sells good or services. A company may be organized in various forms, including partnerships and corporations, and can be privately held or publicly traded.

**Official Establishment:** Any entity that slaughters or processes meat (including Siluriformes fish), poultry, or egg products at which inspection is required by the Federal Meat Inspection Act, Poultry Products Inspection Act, or Egg Products Inspection Act. Establishments that function solely as Official Import Inspection Establishments or exporting facilities are not eligible for fee reduction.

**Employee:** Employee means all individuals employed on a full-time, part-time, or other basis. The number of employees is the average number of employees, calculated by summing the number of employees at the end of each pay period over the preceding 52 weeks and dividing by the total number of pay periods.

1. How many employees does your establishment have?(Choose One)  
☐ A.) Nine or fewer employees      ☐ B.) Between 10 and 499 employees      ☐ C.) 500 or more employees
2. Is your establishment affiliated with one or more companies?(If no, skip to #5)      ☐ Yes      ☐ No
3. If yes, how many total employees do the affiliated companies employ(not including your establishment) (Choose One)  
☐ A.) Nine or fewer employees      ☐ B.) Between 10 and 499 employees      ☐ C.) 500 or more employees
4. How many **total** employees does your establishment and all of its affiliates have (i.e., likely the sum of your responses to Q.1 and Q.3) (Choose One)  
☐ A.) Nine or fewer employees      ☐ B.) Between 10 and 499 employees      ☐ C.) 500 or more employees
5. Does your establishment have average annual sales of:(Choose One)  
☐ A.) less than \$2.5 million      ☐ B.) \$2.5 million or more

Please provide below: Name, Title, Telephone Number, E-mail Address, and Work Address of person signing the form:

Name:		Title:	
Telephone Number:		Email Address:	
Work Address:	City:	State:	Zip Code:
Employee Signature:			Date:

6. Establishment Number and address of Establishment applying for overtime and holiday rate reduction

Establishment Name:

Establishment Address:	City:	State:	Zip Code:
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**Persons making false, fictitious, or fraudulent statements or entries are subject to a \$10,000.00 fine or imprisonment for not more than 5 years or both, as prescribed by 18 U.S.C §1001.**