

**APPLICATION FOR EMPLOYMENT LAW PANELS**  
**WAGE & HOUR/FAIR LABOR STANDARDS ACT (FLSA)**  
**FAMILY AND MEDICAL LEAVE ACT (FMLA)**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Number of years of continuous active practice in Virginia:** \_\_\_\_\_

- I am a member of good standing of the Virginia State Bar and I agree to all of the additional requirements of participation in the Fairfax Bar Association LRS

**CLE REQUIREMENTS**

I hereby certify that:

- I have taken three (3) CLE hours of employment law within the preceding twenty-four (24) months.

Date	Course	Credit Hours

## EXPERIENCE REQUIREMENTS

I hereby certify that:

### **A. Wage & Hour/Fair Labor Standards Act (FLSA) Panel:**

1. I have resolved two (2) wage and hour or other FLSA claims or actions that were initiated or filed within the last five (5) years, with the filed matters handled through discovery;
2. I was the attorney of record or had substantial involvement with any two (2) cases (civil or criminal) through a bench or jury trial within the last seven (7) years;
3. I have access to the following resources:
  - Fair Labor Standards Act, 29 U.S.C. Sec. 201, et seq.
  - 29 CFR Chapter V
  - U.S. Department of Labor FLSA Opinion Letters

### **B. Family and Medical Leave Act (FMLA) Panel:**

1. I have resolved two (2) FMLA claims or actions that were initiated or filed within the last five (5) years, with the filed matters handled through discovery;
2. I was the attorney of record or had substantial involvement with any two (2) cases (civil or criminal) through a bench or jury trial within the last seven (7) years;
3. I have access to the following resources:
  - Family and Medical Leave Act, 29 U.S.C. Sec. 2601, et seq.
  - 29 CFR Part 825
  - U.S. Department of Labor FMLA Opinion Letters

**I qualify for the following panels (check to join)**

\_\_\_\_\_ **Wage & Hour/Fair Labor Standards Act (FLSA) Panel**

\_\_\_\_\_ **Family and Medical Leave Act (FMLA) Panel**

**I certify that I have read and meet the requirements for receiving referrals from the FBA LRS in the panels selected and I will maintain compliance with the requirements as long as I am a member of these panels.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Name of Attorney (Printed)** \_\_\_\_\_