**Equal Pay Act Registration Certificate Compliance Statement**

*This compliance statement shall be signed by a corporate officer, legal counsel, or authorized agent of the business for which this compliance statement is being submitted. For businesses that have more than one location in Illinois, this form shall be submitted only once, regarding all operations in Illinois.*

Pursuant to the requirements of the Equal Pay Act of 2003 (820 ILCS 112/11(c)(1)), as an authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby known as the “Business,” I certify that:

1. The Business is in compliance with:
	1. Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000e);
	2. The Equal Pay Act of 1963 (29 U.S.C. § 206);
	3. The Illinois Human Rights Act (775 ILCS 5);
	4. The Equal Wage Act (820 ILCS 110); and
	5. The Equal Pay Act of 2003 (820 ILCS 112);
2. The average compensation for female and minority employees at the Business is not consistently below the average compensation for male and non-minority employees within each of the major job categories in the Employment Information Report (EEO-1), taking into account factors such as length of service, requirements of specific jobs, experience, skill, effort, responsibility, working conditions of the job, education or training, job location, use of a collective bargaining agreement, or other mitigating factors;
3. The Business does not restrict employees of one sex to certain job classifications, and makes retention and promotion decisions without regard to sex;
4. Wage and benefit disparities are corrected when identified to ensure compliance with the wage laws listed in section 1;
5. Wages and benefits of employees are evaluated on the following basis to ensure compliance with the wage laws listed in section 1 (*Circle one. If methods of calculation are different in different counties, describe the methods for each county*):
	1. Every \_\_\_\_\_\_\_\_ months/years (*circle*); or
	2. Other (*describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and
6. The Business utilizes the following method(s) to determine employee compensation and benefits (*Circle all that apply. If methods of calculation are different in different counties, describe the methods for each county*):
	1. A market pricing approach.
	2. State Prevailing Wage or collective bargaining agreement requirements.
	3. A performance pay system.
	4. An internal analysis.
	5. An alternative approach (*describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

**Certification**

The undersigned hereby certifies that they are a corporate officer, legal counsel, or authorized agent of the Business and that the information contained in this Equal Pay Act Registration Certificate Compliance Statement is true and accurate at the time of the signing.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_