

Office Use Only Plan Number _____

REQUEST FOR APPROVAL OF WORK-SHARE PLAN

To submit your work-share plan, fill out and return this form to the above address. Fill out all information completely. We will review your work-share plan and make a decision to approve or deny it within 30 days of receiving your completed form. For more information about work share, call one of the telephone numbers or visit the Web site at the top of this form.

Employer Information

1. Legal Business Name		2. Unemployment Account Number	
3. Trade Name/Doing-Business-As Name (if applicable)			
4. Complete Mailing Address (include city, state, and ZIP code)			
5. Telephone Number		6. Fax Number	
7. Name of Contact Person		8. Contact Person Telephone Number	9. Employee Information Will Be Submitted On <input type="checkbox"/> Paper form (see page 3) <input type="checkbox"/> Compact Disc

Work-Share Plan Information

10. Is this a new work-share plan or a changed (modified) work-share plan? <input type="checkbox"/> New work-share plan <input type="checkbox"/> Modified work-share plan If modified, what is your current plan number? _____	
11. Whose work hours are you reducing? <input type="checkbox"/> Employees in a certain work unit(s) <input type="checkbox"/> Employees in the entire company	
Base your responses for the remainder of this section on the employee group you selected in Item 11. If you are asking for a work-share plan for more than one work unit, check here: <input type="checkbox"/> Each employee group must meet the requirements of the plan.	
12. Will you reduce the hours of at least two (2) of the employees in that group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Will you reduce all affected employees work hours by 10 to 40 percent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is your work-share plan an alternative to a layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Do any affected employees perform seasonal work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Are the employees' fringe benefits impacted by the reduction in work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Do any affected employees belong to a collective-bargaining agent (union) that does collective bargaining for them? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , the union must fill out the Union Agreement (next section). If No , skip to Employer Agreement and Certification.	

Union Agreement—If you answered **Yes** to Item 17, someone from each of those unions must fill out this section.

18. Name of Union		19. Local Union Number	
20. Do you approve this employer's work-share plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Name of Union Representative (please print)		22. Title	
23. Signature of Union Representative		24. Date	

25. Name of Union		26. Local Union Number	
27. Do you approve this employer's work-share plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Name of Union Representative (please print)		29. Title	
30. Signature of Union Representative		31. Date	

Work-Share Plan Strategy—By law, you must have a plan that includes an explanation of how employees will be notified of the plan in advance, if notification is feasible, or an explanation of why it is not feasible to notify the employees in advance.

32.

Employer Agreement and Certification

I understand that my employees in the work-share program will receive unemployment benefits while they are working fewer hours. I will be charged for those benefits, and that could affect my unemployment insurance premium rate. During the work-share program:

I certify that:

- The union(s), if any, has agreed to the work-share plan.
- I am using the work-share program instead of temporarily laying off employees in the affected work unit or company by at least the same amount of work hours that will be reduced through this work-share plan.
- I will not employ additional employees in the affected work unit or company.
- I will implement my plan within State and Federal Laws

I agree that:

- I will not get rid of or reduce employees' benefits that I currently provide. These include health insurance, retirement/pension benefits, vacation pay and holidays, sick leave, and any other similar benefits I normally provide.
- My employees in the work-share program will not receive more than a total of 26 weeks of unemployment benefits.
- I will send reports about the work-share plan if you ask for them.
- I will ensure that all my premium/wage reports are paid and submitted up to date.

The information provided is true, correct, and complete to the best of my knowledge and belief. I understand there are severe penalties, including fines and jail, for not telling the truth.

Name of Owner or Officer	Title
Signature of Owner or Officer	Date

Remember to fill out the list of employees in the work-share plan (on page 3) or to include the list of employees on a compact disc.

Office Use Only

This plan is: Approved Denied

Approved By	Title	Date
-------------	-------	------

