EMPLOYER'S ELECTION TO COVER MULTISTATE WORKERS UNDER THE PENNSYLVANIA UNEMPLOYMENT COMPENSATION LAW

The employer must submit two (2) signed copies of this form for each state listed in Item 1, plus two (2) more. All copies must be sent to the Office of Unemployment Compensation Tax Services, Status Determination Unit, Room 704, Labor & Industry Building, Harrisburg, PA 17121. The Bureau will notify the employer of the action taken by the states listed. If more space is needed for any item, use plain paper and attach.

Employer's
Business Name _____ PA. UC Acct. No. _____

Address _____

This employer elects, subject to approval by the states involved, to cover under the Pennsylvania Unemployment Compensation Law certain employees who customarily perform services in more than one state.

1. The Office of UC Tax Services is requested to enter into a reciprocal coverage arrangement with each of the following-named states in which the employees' listed in Item 2 do some work for the employer and under whose Unemployment Compensation Laws they might otherwise be covered:

   _____ _____ _____
   _____ _____ _____
   _____ _____ _____

2. Employees to be covered by this election (Under "Basis for Election in Pennsylvania," enter "WORK" if the employee does part of the work for the employer in Pennsylvania, or "RESIDENCE" if the employee only resides in Pennsylvania, or "PLACE" if the employees services are reasonably related to a place of business which the employer has in Pennsylvania.)

Employee's Name	Social Security No.	State of Residence	Basis for Election in Pennsylvania

3. Nature of employer's business _____

4. States listed in Item 1 in which employer has a place of business :

5. Nature of work to be performed by the employees listed in Item 2:

6. Reason for requesting coverage in Pennsylvania:

(CONTINUED ON REVERSE SIDE)

7. Employer requests this election to become effective with the calendar quarter beginning on the first day of _____, 20 _____.

8. The employer agrees promptly after the approval of this election, to give to each employee involved a notice of unemployment compensation coverage on Form RC-2, which will be supplied by this Bureau.

9. To prevent this election from denying unemployment compensation coverage to employees not listed in Item 2, the employer agrees that each interested state approving this election may count the employees covered by this election, and their wages, as if this election did not apply, for the purpose of determining whether the employer and other workers employed by him/her covered by the law of that state.

By _____

Date _____ Title _____

APPROVAL BY OFFICE OF UNEMPLOYMENT COMPENSATION TAX SERVICES

This election is approved in accordance with the provisions of the Pennsylvania Unemployment Compensation Law and the Rules and Regulations.

By _____

Date _____ Title _____

APPROVAL BY INTERESTED STATE OF _____

This election for coverage under the Pennsylvania Unemployment Compensation Law of the employees listed in Item 2 is approved.

Name of Agency _____

By _____

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program