

SHARED-WORK PLAN EMPLOYER APPLICATION

PART A: EMPLOYER INFORMATION

Employer Name:	PA Employer Account Number:	
Street Address, City, State, Zip code + 4:		
Contact Person:	Title:	Email:
Phone Number:	Fax Number:	
Back up Contact Person if any:	Backup Phone Number:	

PART B: WRITTEN PLAN

A written Shared-Work plan is required. Please complete the following:

Describe the manner in which your company intends to implement the Shared-Work plan, if approved. Please include in your statement any changes/additions that you plan to make to:

- Health care benefits;
- Training provided to the employees; or
- Changes to other employee benefits

Provide an estimate of the number of layoffs that will occur if you do not participate in the Shared-Work program.

How and when will you inform the affected workers about the reduction in hours, if your plan is approved?

What is your expectation for the end of the Shared-Work period? (For example: return to full work, company changing hands, company reorganization, etc.)

What product does your company produce and/or what type of service do you provide?
How or where did you learn about the Shared-Work program (optional)?
Other comments

PART C: PLAN INFORMATION

Name of the Work Unit:	First date that hours will be reduced ² :
Number of Employees in Unit:	Preferred Sunday to Begin Plan ² :
No. of weeks the plan will be in effect: _____ (maximum 52 consecutive weeks) ¹	Reduction Percentage: _____ percent (minimum 20 percent–maximum 40 percent)
Are any participating employees covered by a collective bargaining agreement (CBA)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Part E of this application must be executed by the authorized collective bargaining representative(s).	

¹ The effective period of a Shared-Work plan combined with effective periods of the participating employer's past Shared-Work plan(s) may not equal more than 104 weeks out of a 156-week period.
² The plan can begin no sooner than the calendar week following the date on which the plan is approved.

Will there be any weeks during the effective period of the plan when participating employees' hours will be reduced by more than the reduction percentage due to holidays, designated vacation periods, equipment maintenance or other similar circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate all dates that apply.

PART E: COLLECTIVE BARGAINING REPRESENTATIVE(S) CONSENT:

The authorized collective bargaining representatives certify that they approve the Shared-Work plan set forth in this application.

Union Name: _____ Union Local Number: _____ Telephone Number: _____ _____ Name of Authorized Union Representative _____ Position Title _____ Authorized Union Representative Signature _____ Date: ____/____/____	Union Name: _____ Union Local Number: _____ Telephone Number: _____ _____ Name of Authorized Union Representative _____ Position Title _____ Authorized Union Representative Signature _____ Date: ____/____/____
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PART F: ASSURANCES AND CERTIFICATIONS

The employer makes the following assurances and certifications, all of which are material elements of this application:

1. The employer’s certification that the implementation of a Shared-Work plan is in lieu of layoffs that would affect at least 10% of the employees and would result in an equivalent reduction in work hours.
2. The employer’s assurance that it will not hire new employees in or transfer employees to the affected unit during the effective period of the Shared-Work plan.
3. The employer’s assurance that it will not lay off participating employees during the effective period of the Shared-Work plan.
4. If the employer provides health and retirement benefits under a defined benefit plan or contributions under a defined contribution plan, to an employee in a plan, the employer must certify that these benefits will continue under the same terms and conditions as though the hours of work had not been reduced or to the same extent as other employees not participating in the plan.
5. The employer’s assurance that it will abide by all terms and conditions of the Shared-Work requirements in the PA UC Law.
6. An assurance that it will provide reports to the department relating to the operation of its Shared-Work plan as requested.
7. The employer’s attestation that its implementation of the Shared-Work plan is consistent with the employer’s obligations under federal and state law.

Please sign and submit your completed application through the Shared-Work file transfer protocol, (FTP) at <https://sharedwork.dli.pa.gov/swupload> If you have any questions regarding the application process contact SharedWork@pa.gov.

Please be advised that the department cannot guarantee the security of personally identifiable information submitted via unsecured means such as: fax or unencrypted email systems.

I certify that all information I have provided in this document is correct and complete. I acknowledge that false statements in this document are punishable pursuant to 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Employer Printed Name and Signature

Date

Title

A person who knowingly makes a false statement or knowingly withholds information to obtain UC benefits commits a criminal offense under section 801 of the UC law, 43 P.S. §871, and may be subject to a fine, imprisonment, restitution and loss of future benefits.