District of Columbia
Shared Work Plan
Attachment A

MURIEL BOWSER
MAYOR

DR. UNIQUE MORRIS-HUGHES
DIRECTOR

SHARED WORK PLAN			☐ **New Request** ☐ **Modification Request**
		Application Date	
DOES Account Number			
FEIN		**Ward Number**	
		Use this link to find your ward number ➔	http://www.neighborhoodinfodc.org/pdfs/ward_zip.pdf

1. **Employer Information**

Employer Name					
Principal Business or Industry					
Mailing Address					
	Street or Post Office Box	**Suite No**	**City**	**State**	**Zip Code**
Location of Shared Work, if Different					
	Street or Post Office Box	**Suite No**	**City**	**State**	**Zip Code**

2. Does your business operate as a non-profit, government, or public entity? ☐ Yes ☐ No
   If yes, please select the type of public entity that best describes your organization.

☐ DC Government	☐ School District	☐ Federal	☐ Higher Education	☐ Other (Specify)

3. **Employer Representative:** An employer representative must be provided to coordinate with Shared Work Program staff in all matters pertaining to the employer plan and eligible employee claims.

Primary Employer Representative					**Alternate Employer Representative**				
Name					Name				
Job Title					Job Title				
Email					Email				
Phone			Ext.		Phone			Ext.	
Fax					Fax				

4. List the "affected units" to which the Shared Work Plan applies. (An affected unit is defined as a specific department, shift, or other definable unit consisting of not less than 2 employees to which an approved Shared Work Plan applies.) Furthermore, the Shared Work Plan must reduce the normal weekly hours of work for an employee in the affected unit by a minimum of 10% and not more than 60%. Attach an additional page if necessary.

Affected Unit	**Bargaining Agent (if applicable)**	**Location Street Address Washington, DC Example: 4058 Minnesota Ave NE**	**Number of Employees in Unit**	**Number of Shared Work Employees**	**Number of Hours in Standard Work Week**	**Percentage of normal weekly work hours reduced**
						%
						%
						%
						%
						%

5. When do you anticipate reducing or when did you reduce work hours?

6. On what date (must be a Sunday) do you want this Shared Work Plan to become effective?

7. On what date (must be a Saturday) do you want this Shared Work Plan to end?

8. Will you have any planned vacations or closures during this period? ☐ Yes ☐ No If yes, list the date(s) below: MM/DD/YYYY

NOTE: Planned vacations or closures are permissible under the Shared Work Program; however, multiple temporary layoffs (furloughs) during an active plan are inconsistent with the program's objective, and therefore, may represent good cause for the District of Columbia Department of Employment Services (DOES) to terminate an employer's Shared Work Plan.

9. Do you agree to apply this Shared Work Plan to only permanent full and part-time employees? ☐ Yes ☐ No

10. Do you agree to continue to maintain health benefits as though weekly work hours are not reduced? ☐ Yes ☐ No

11. Are you a seasonal employer? ☐ Yes ☐ No
(Seasonal means an employer who has a work base that is attached or dependent on a particular time of year on an annual basis).
NOTE: Shared Work is not intended to subsidize seasonal employers during any off-season period, or to subsidize employers who have traditionally used part-time employees.

12. Are any employees who will participate in this Shared Work Plan covered by a collective bargaining agreement? ☐ Yes ☐ No
If yes, please complete the following section:

Union Name		Local		Union Name		Local	
Address Line 1				Address Line 1			
Address Line 2				Address Line 2			
City				City			
State		Zip Code		State		Zip Code:	
Phone Number		Fax Number		Phone Number		Fax Number	

The applicable authorized union representative must approve the Shared Work Plan and must sign the concurrence statement provided below in order for your application to be considered for review.

CONCURRENCE STATEMENT

By signing below, I certify that I am the authorized union representative and that I have reviewed and concur with the proposed Shared Work Plan.

Authorized Union Representative		**Authorized Union Representative**	
Name		Name	
Title		Title	
Phone		Phone	
Email		Email	
Signature		Signature	

13. If your employees are not covered by a collective bargaining agreement, do you certify that a written copy of the proposed Shared Work Plan, or a summary thereof, was made available to each employee in the affected group for inspection and comment for a minimum of seven (7) days? ☐ Yes ☐ No
Please attach copies of the summary made available to the affected group and any employee comments to your application.

CERTIFICATION

1. I will implement, operate and monitor the Shared Work Plan, in accordance with my obligations under federal and state laws, and as directed by DOES.

2. I am applying for a Shared Work to avert layoffs. As a good faith estimate, I submit that _____ layoffs would be averted, of which ___ would be permanent and ____ would be temporary.

3. As an experience-rated employer using the tax rate method, I understand that my reserve account may be charged 100% for benefits paid under this Shared Work Plan, unless waived or reduced by federal or state law. In addition, I understand that these charges may increase my Unemployment Insurance contribution tax rate in future years, unless waived by federal or state law.

4. As a reimbursable employer, I understand that I may be charged 100% for benefits paid under this Shared Work Plan, unless waived or reduced by federal or state law. I understand that I will be billed quarterly for the cost of benefits paid under this Shared Work Plan in the same manner as I am currently billed for other Unemployment Insurance benefits, unless waived by federal or state law.

5. I understand that a holiday cannot be used as a Shared Work day unless the employees in the same position, performed compensated services as part of the employees' normal weekly hours of work on that holiday, during the twelve-month period prior to the employer's participation in the Shared Work Unemployment Compensation Program. Furthermore, I understand that I am not to certify a holiday as the only Shared Work day, during a calendar week.

6. I agree to file the Shared Work Certifications with DOES on behalf of my affected employees in an electronic format prescribed by DOES. I will provide DOES with the weekly percentage of reduction in hours and wages for each participating employee in the Shared Work Plan.

7. I understand that to be eligible, an employee must have worked at least one normal work week with no reductions, prior to enrollment/participation in the Shared Work Plan.

8. I understand that if any employee is working for a school district and/or non-profit entity providing services to a school district, I must provide DOES with the dates individual employees are between successive academic terms and/or in a recess period. Furthermore, I understand that I am not to submit certifications to DOES for employees for those weeks the employee is between successive terms or in a recess period, where there is a reasonable assurance that the employee will return to work.

9. I understand that a Shared Work Plan shall expire 365 days, after its effective date, unless I request a shorter duration or the Shared Work Plan is terminated or revoked, prior to its expiration. Any approved substantial modification shall expire on the same date as the original Shared Work Plan. You may apply for a new Shared Work Plan, after the termination or expiration of the current Shared Work Plan.

10. I submitted this Shared Work Plan, so that our employees may share the reduced work, caused by an economic downturn, and receive Shared Work benefits, in lieu of layoffs. I understand that failure to provide correct information, in accordance with this certification, and in accordance with the provisions of the District of Columbia Unemployment Compensation Act, could result in denial, revocation or termination of this Shared Work Plan.

FOR PRIVATE SECTOR EMPLOYERS: THIS APPLICATION MUST BE SIGNED BY THE OWNER, A PARTNER, A CORPORATE OFFICER OR DULY AUTHORIZED EMPLOYER REPRESENTATIVE, SUBSTANTIATED IN WRITING TO EXECUTE THE SHARED WORK PLAN.

FOR PUBLIC SECTOR EMPLOYERS: THIS APPLICATION MUST BE SIGNED BY THE EXECUTIVE DIRECTOR, OR A PERSON WITH AUTHORIZATION, SUBSTANTIATED IN WRITING TO EXECUTE THE SHARED WORK PLAN.

BY SUBMITTING THIS FORM, I CERTIFY THAT I HAVE READ AND AGREE TO THE FEDERAL AND LOCAL LAW, RULES, TERMS, AND REQUIREMENTS GOVERNING PARTICIPATION IN THE DOES SHARED WORK PROGRAM. I ALSO CERTIFY THAT I AM THE AUTHORIZED EMPLOYER REPRESENTATIVE AND ALL INFORMATION PROVIDED IN THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO UNDERSTAND THAT THIS INFORMATION IS SUBJECT TO VERIFICATION AND I FURTHER UNDERSTAND THAT PROVIDING ANY FALSE OR INACCURATE INFORMATION MAY RESULT IN DENIAL, REVOCATION OR TERMINATION OF THE SHARED WORK PLAN AND MAY SUBJECT ME TO CIVIL AND/OR CRIMINAL PROSECUTION AND PENALTIES.

Name of Authorized Employer Representative:		**Date:**	
Title:			