

## PROVIDING YOUR SHARED WORK PROGRAM PROPOSAL WITH UNION REPRESENTATIVES

If any of your full-time employees are in a collective bargaining unit you will need to provide a summary of your <u>Shared</u> <u>Work Program</u> plan to the relevant union representative(s). The representative(s) must approve, sign, and return this to you before you can submit your Shared Work Program application to the DC government. Please follow these steps to create your Shared Work Plan:

## Step 1: Read the guidance about the Shared Work Program to learn how the program works and determine if you are interested in applying.

**Step 2: Identify units in your organization in a collective bargaining unit.** For the purposes of this application, **a unit in your organization is a specific department, shift, or other definable units** which consists of at least two employees. Examples of units include a marketing department, sales department, or a night shift.

Step 3: List affected units in Row A of the table on the Approval Form on the next page. An "affected unit" is a unit that will be part of the Shared Work Plan. Not all units in your organization need to be part of the Shared Work Plan.

Step 4: Complete Rows B-D for each affected unit.

Step 5: Enter the number of employees the Shared Work Plan applies to in each affected unit in Row E. In each affected unit, the Shared Work Plan must apply to at least 10% and no fewer than 2 employees.

Step 6: Enter the typical weekly hours per employee in each affected unit in Row F.

Step 7: Enter the planned reduction in hours for each affected unit in Row G. The Shared Work Plan must reduce an affected unit employee's weekly hours by between 10% and 60%. This rate does not need to be the same across affected units but will need to be the same for all employees within an affected unit. (For example, if both your marketing and IT departments are affected units and marketing has a 25% reduction, IT can have a 30% reduction. However, everyone in marketing must have a 25% reduction.)

**Step 8: You will need to create one approval form for each union** if your Shared Work Program employees are part of multiple unions. If you also have non-unionized employees that will be part of the Shared Work Program, you will enter their information into the plan later in the application process.

Step 9: Email the approval form to the union representative(s) to sign (next page).

Step 10: Submit your Shared Work Program application once you've received your signed approval form(s).

Row	Shared Work Plan Component	Unit 1
А	Unit/Department/Shift	Day Shift
В	Bargaining Agent	SEIU Local 120
С	Worksite address	4058 Minnesota Ave NE
D	Total # of employees in unit	40
E	# of Shared Work employees (greater than or equal to 10% of total employees)	25
F	# of hours in a standard, full-time workweek per employee (e.g. 40 hours)	40
G	% reduction in standard workweek hours (must be between 10% and 60%)	25%

#### EXAMPLE



DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES



# SHARED WORK PROGRAM PROPOSAL

### **Collective Bargaining Unit Approval Form**

Organization Name:

Organization FEIN:

Shared Work Plan Component	Unit 1	Unit 2
Unit/Department/Shift		
Bargaining Agent		
Worksite address		
Total # of employees in unit		
# of Shared Work employees		
# of hours in a standard, full-time workweek per employee		
% reduction in standard workweek hours		

If you have additional units, please copy and paste the table above to capture that information.

The above-listed organization is applying to the DC Department of Employment Services' Shared Work Program. The table above details their plan to reduce work hours for our union members. I certify that:

- I am an authorized representative of this collective bargaining unit;
- I have reviewed and concur with the proposed Shared Work Plan; and
- I understand that I will be notified by the business once DOES provides a decision and (if applicable) a memorandum of agreement to move forward with the Shared Work Plan.

Union Representative Signature	Date
Name:	
Title:	
Email Address:	
Phone:	
Mailing Address:	

Approval Form provided by DC Department of Employment Services- <a href="mailto:shared.work@dc.gov">shared.work@dc.gov</a>



DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES WE ARE GOVERNMENT OF THE

DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR