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Title 22@ Social Security

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Division 1@ Employment Development Department

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Subdivision 1@ Director of Employment Development

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Division 1@ Unemployment and Disability Compensation

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Part 1@ Unemployment Compensation

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Chapter 5@ UNEMPLOYMENT COMPENSATION BENEFITS

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Article 2.4@ WORK SHARING UNEMPLOYMENT INSURANCE BENEFITS

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Section 1279.5-2@ Application for Plan Approval

1279.5-2 Application for Plan Approval

(a) An employer who wishes to permit employees to participate in the work sharing program shall submit an application to the department. The application shall include: (1) The employer name, telephone number, address, and California employer account number. (2) The employer's specific type of business. (3) The employer name that will be used on the work sharing certification. (4) The employer name, address, and telephone number of the location(s) where the work sharing will occur, if different from subsection (a)(1). (5) Whether the business/organization is a public entity. If so, the type of public entity that best describes the organization. For example, city, county, state, federal, school district, etc. (6) The effective date of the work sharing plan. (Refer to Section 1279.5-3 of these regulations for the effective date of a new or renewal work sharing plan.) (7) The effective date of the expanded coverage if adding employee(s) or work unit(s) to an existing work sharing plan. (Refer to Section 1279.5-4 of these regulations for the effective date of the expanded coverage.) (8) The estimated weekly percentage reduction in hours and wages of employees participating in the work sharing plan. (9) The work unit(s), the number of employees in the unit(s), and the number of employees participating in the work sharing plan. (10) Whether the payroll periods are weekly, bi-weekly, monthly, or other. If the payroll periods are weekly, the day of the week the payroll ends. (11)

Whether the work sharing plan is part of a transition to a permanent layoff or closure. (12) The circumstances which require the employer to participate in the work sharing program to avoid layoffs. (13) Whether any participating employees are covered by a union/collective bargaining agreement. If so, the union name, local number, title and position of the collective bargaining agent authorized to approve the work sharing plan, and the date signed. (14) Whether the employer is willing to have its name released when the Employment Development Department receives requests for the names of companies that would be willing to share their experiences in the work sharing program, bearing in mind that participating in the work sharing program is confidential. (15) Whether the employer's work sharing plan involves at least two employees, at least ten percent of the work force or work unit(s), and at least a ten percent reduction in both hours worked and wages earned. (16) The original signature of the corporate officer, sole proprietor, or general partner, authorized to approve the working sharing plan, if the employer is in private business. (17) The original signature of the executive officer or person with authorization, substantiated in writing, to approve the work sharing plan, if the employer is a public entity. (18) The printed or typed name of the signatory in subsections (16) and (17) of these regulations, their position or title, the contact person of the employer and his/her telephone number.

(1)

The employer name, telephone number, address, and California employer account number.

(2)

The employer's specific type of business.

(3)

The employer name that will be used on the work sharing certification.

(4)

The employer name, address, and telephone number of the location(s) where the work sharing will occur, if different from subsection (a)(1).

(5)

Whether the business/organization is a public entity. If so, the type of public entity that best describes the organization. For example, city, county, state, federal, school district, etc.

(6)

The effective date of the work sharing plan. (Refer to Section 1279.5-3 of these regulations for the effective date of a new or renewal work sharing plan.)

(7)

The effective date of the expanded coverage if adding employee(s) or work unit(s) to an existing work sharing plan. (Refer to Section 1279.5-4 of these regulations for the effective date of the expanded coverage.)

(8)

The estimated weekly percentage reduction in hours and wages of employees participating in the work sharing plan.

(9)

The work unit(s), the number of employees in the unit(s), and the number of employees participating in the work sharing plan.

(10)

Whether the payroll periods are weekly, bi-weekly, monthly, or other. If the payroll periods are weekly, the day of the week the payroll ends.

(11)

Whether the work sharing plan is part of a transition to a permanent layoff or closure.

(12)

The circumstances which require the employer to participate in the work sharing program to avoid layoffs.

(13)

Whether any participating employees are covered by a union/collective bargaining agreement. If so, the union name, local number, title and position of the collective bargaining agent authorized to approve the work sharing plan, and the date signed.

(14)

Whether the employer is willing to have its name released when the Employment Development Department receives requests for the names of companies that would be willing to share their experiences in the work sharing program, bearing in mind that participating in the work sharing program is confidential.

(15)

Whether the employer's work sharing plan involves at least two employees, at least ten percent of the work force or work unit(s), and at least a ten percent reduction in both hours worked and wages earned.

(16)

The original signature of the corporate officer, sole proprietor, or general partner, authorized to approve the working sharing plan, if the employer is in private business.

(17)

The original signature of the executive officer or person with authorization, substantiated in writing, to approve the work sharing plan, if the employer is a public entity.

(18)

The printed or typed name of the signatory in subsections (16) and (17) of these regulations, their position or title, the contact person of the employer and his/her telephone number.

(b)

The employer shall certify as follows: (1) We understand that if we are a participating employer using the tax rate method, our reserve account will be charged in the usual manner for benefits paid under this program. In addition, these charges may increase the employer's unemployment insurance contribution rate in future years. (2) We understand that if we are a participating reimbursable employer, we will be billed quarterly for the cost of benefits paid in the same manner as they are currently billed for other unemployment insurance benefits. (3) We understand that a holiday cannot be used as a work sharing day unless the employee(s), in the same position, performed compensated services as part of the employee's normal weekly hours of work in that holiday, during the twelve month period prior to the employer's participation in the work sharing program. Furthermore, we understand that we are not to issue certification forms to employees that contain a holiday as the only work sharing day. (4) We will provide the Employment Development Department with the weekly percent of reduction in hours and wages for each participating employee as a result of this work sharing program. (5) We understand that in order to be eligible, an employee must have worked at least one normal work week with no reductions prior to issuance of a certification for benefit payment. (6) We understand that if any employee is working for a school district and/or non-profit entity providing services to a school district, we must provide the Employment Development Department with the dates individual employees are between successive academic terms and/or in a recess period. Furthermore, we understand that we are not to issue certification forms to employees for those weeks the employee is between successive terms or in a recess period, where there is reasonable assurance that the employee will return to work. (Section 1253.3 of the California

Unemployment Insurance Code.) (7) We understand that a plan approved by the Employment Development Department shall expire six months after its effective date. Expanded coverage approved to add other work unit(s) shall expire on the same date as the plan. A new plan may be approved immediately following the expiration of the previous plan if the employer submits the new plan no more than ten days after the prior plan expired and the employer finds it necessary to provide employees with continuous coverage under this program. (8) We understand that leased or temporary service employees that are provided by another employer cannot be covered under this work sharing plan. (9) We understand that leased or temporary service employees we provide to other employers cannot be covered under this work sharing plan.

(1)

We understand that if we are a participating employer using the tax rate method, our reserve account will be charged in the usual manner for benefits paid under this program. In addition, these charges may increase the employer's unemployment insurance contribution rate in future years.

(2)

We understand that if we are a participating reimbursable employer, we will be billed quarterly for the cost of benefits paid in the same manner as they are currently billed for other unemployment insurance benefits.

(3)

We understand that a holiday cannot be used as a work sharing day unless the employee(s), in the same position, performed compensated services as part of the employee's normal weekly hours of work in that holiday, during the twelve month period prior to the employer's participation in the work sharing program. Furthermore, we understand that we are not to issue certification forms to employees that contain a

holiday as the only work sharing day.

(4)

We will provide the Employment Development Department with the weekly percent of reduction in hours and wages for each participating employee as a result of this work sharing program.

(5)

We understand that in order to be eligible, an employee must have worked at least one normal work week with no reductions prior to issuance of a certification for benefit payment.

(6)

We understand that if any employee is working for a school district and/or non-profit entity providing services to a school district, we must provide the Employment Development Department with the dates individual employees are between successive academic terms and/or in a recess period. Furthermore, we understand that we are not to issue certification forms to employees for those weeks the employee is between successive terms or in a recess period, where there is reasonable assurance that the employee will return to work. (Section 1253.3 of the California Unemployment Insurance Code.)

(7)

We understand that a plan approved by the Employment Development Department shall expire six months after its effective date. Expanded coverage approved to add other work unit(s) shall expire on the same date as the plan. A new plan may be approved immediately following the expiration of the previous plan if the employer submits the new plan no more than ten days after the prior plan expired and the employer finds it necessary to provide employees with continuous coverage under this program.

(8)

We understand that leased or temporary service employees that are provided by another employer cannot be covered under this work sharing plan.

(9)

We understand that leased or temporary service employees we provide to other employers cannot be covered under this work sharing plan.

(c)

The director shall approve or disapprove the work sharing plan by the close of business no later than five working days from the date the completed work sharing plan is received.