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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

**1279.5-5 Work Sharing Employer Responsibilities in the**

Article 2.4@ WORK SHARING UNEMPLOYMENT INSURANCE BENEFITS

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Section 1279.5-5@ Work Sharing Employer Responsibilities in the Claim Filing Process

**Claim Filing Process****(a)**

The work sharing employer shall complete a certification to enable an employee to file a claim for weekly or bi-weekly work sharing benefits.

**(b)**

The work sharing employer shall issue the certification to the employee by the later of either the fourteenth calendar day after the end of the week to which the certification applies, or the fourteenth calendar day after the department sends written notification to the work sharing employer that its work sharing plan has been approved.

**(c)**

The issuance date of the certification may be extended, with the approval of the department, in cases where the department deems the work sharing employer has attempted, in good faith, to meet the timelines in Section 1279.5-5 subsection (b) of these regulations.

**(d)**

The certification shall be considered "issued" to the employee on the date of the occurrence of any of the following events: (1) Hand delivered to the employee, or (2) Mailed to the employee, or (3) Made available to the employee at a pickup point familiar to the employee.

**(1)**

Hand delivered to the employee, or

**(2)**

Mailed to the employee, or

**(3)**

Made available to the employee at a pickup point familiar to the employee.

**(e)**

On each certification, the information provided by the work sharing employer shall include: (1) The name and social security number of the employee. (2) The ending date(s) of the week(s) to which the certification applies. (3) The normal weekly wages earned by the employee. (4) The reduced wages paid due to work sharing during the week(s) to which the certification applies. (See Section 1279.5-7 of these regulations.) The reduced wages paid shall include any type of pay received for work performed (or leave taken) during that week including, but not limited to: (A) Regular wages, (B) Overtime pay, (C) Bonus pay (allocated to the week(s) in which the service was performed, not the week in which the bonus pay was paid), (D) Vacation, sick leave, holiday or personal leave pay. (5) The percentage of wage reduction due to work sharing. This is the normal weekly wages in above subsection (3) of these regulations minus the reduced wages described in subsection (4) of these regulations and divided by the normal weekly wages in subsection (3). (6) A The normal weekly hours of work and the employee. (7) The reduced hours worked due to work sharing by the employee during the week(s) to which the certification applies. The reduced hours worked shall not exceed 36 hours. (See Section 1279.5-8 of these regulations.) (8) The percentage of hour reduction due to work sharing. This is the normal weekly hours of work in above subsection (6) of these regulations minus the reduced weekly

hours described in subsection (7) of these regulations and divided by the normal weekly hours of subsection (6). (9) A statement as to whether or not the employee was absent from work for reasons other than a reduction in hours/days under the work sharing plan. If so, the work sharing employer shall indicate whether or not the absence was approved by the work sharing employer. If the absence was not approved, the work sharing employer shall provide the date(s) of the absence and the reason for the absence. (10) A statement as to whether or not the employee refused an offer of work that was offered for the hours and/or day(s) during which the employee had originally been scheduled to be off work due to the work sharing plan. (11) The day(s) and hours used for reductions due to the work sharing plan. (12) A statement that: (A) The information concerning the status of the work sharing employer and the status/earnings of the employee for the purposes of participating in the work sharing program are true and correct to the best of the work sharing employer's knowledge. (B) Two of the work sharing employer's employees, and not less than ten percent of the work sharing employer's regular permanent work force involved in the affected work unit or units, participated in the Work Sharing plan in each week or in at least one week of a consecutive two-week period. (13) The work sharing employer's name, California employer account number, and telephone number. (14) The original signature, typed or printed name, and the title of an authorized representative of the work sharing employer. (15) The date the certification was issued to the employee. This date must be later than the week ending date(s) to which the certification applies.

**(1)**

The name and social security number of the employee.

**(2)**

The ending date(s) of the week(s) to which the certification applies.

**(3)**

The normal weekly wages earned by the employee.

**(4)**

The reduced wages paid due to work sharing during the week(s) to which the certification applies. (See Section 1279.5-7 of these regulations.) The reduced wages paid shall include any type of pay received for work performed (or leave taken) during that week including, but not limited to: (A) Regular wages, (B) Overtime pay, (C) Bonus pay (allocated to the week(s) in which the service was performed, not the week in which the bonus pay was paid), (D) Vacation, sick leave, holiday or personal leave pay.

**(A)**

Regular wages,

**(B)**

Overtime pay,

**(C)**

Bonus pay (allocated to the week(s) in which the service was performed, not the week in which the bonus pay was paid),

**(D)**

Vacation, sick leave, holiday or personal leave pay.

**(5)**

The percentage of wage reduction due to work sharing. This is the normal weekly wages in above subsection (3) of these regulations minus the reduced wages described in subsection (4) of these regulations and divided by the normal weekly wages in subsection (3).

**(6)**

A The normal weekly hours of work and the employee.

**(7)**

The reduced hours worked due to work sharing by the employee during the week(s) to which the certification applies. The reduced hours worked shall not exceed 36 hours.

(See Section 1279.5-8 of these regulations.)

**(8)**

The percentage of hour reduction due to work sharing. This is the normal weekly hours of work in above subsection (6) of these regulations minus the reduced weekly hours described in subsection (7) of these regulations and divided by the normal weekly hours of subsection (6).

**(9)**

A statement as to whether or not the employee was absent from work for reasons other than a reduction in hours/days under the work sharing plan. If so, the work sharing employer shall indicate whether or not the absence was approved by the work sharing employer. If the absence was not approved, the work sharing employer shall provide the date(s) of the absence and the reason for the absence.

**(10)**

A statement as to whether or not the employee refused an offer of work that was offered for the hours and/or day(s) during which the employee had originally been scheduled to be off work due to the work sharing plan.

**(11)**

The day(s) and hours used for reductions due to the work sharing plan.

**(12)**

A statement that: (A) The information concerning the status of the work sharing employer and the status/earnings of the employee for the purposes of participating in the work sharing program are true and correct to the best of the work sharing

employer's knowledge. (B) Two of the work sharing employer's employees, and not less than ten percent of the work sharing employer's regular permanent work force involved in the affected work unit or units, participated in the Work Sharing plan in each week or in at least one week of a consecutive two-week period.

**(A)**

The information concerning the status of the work sharing employer and the status/earnings of the employee for the purposes of participating in the work sharing program are true and correct to the best of the work sharing employer's knowledge.

**(B)**

Two of the work sharing employer's employees, and not less than ten percent of the work sharing employer's regular permanent work force involved in the affected work unit or units, participated in the Work Sharing plan in each week or in at least one week of a consecutive two-week period.

**(13)**

The work sharing employer's name, California employer account number, and telephone number.

**(14)**

The original signature, typed or printed name, and the title of an authorized representative of the work sharing employer.

**(15)**

The date the certification was issued to the employee. This date must be later than the week ending date(s) to which the certification applies.

**(f)**

If the work sharing employer elects to submit a completed certification on behalf of the participating employee, the work sharing employer must submit the completed certification to the Department within 14 calendar days from the date

issued to the employee.

**(g)**

Upon a request by the employer, the requirements of this section may be waived upon approval by the department for the purposes of allowing the certifications to be filed by the work sharing employer through another medium, such as computer magnetic tape. The department may approve a request for a waiver if the employer can demonstrate to the department that it meets specified conditions including, but not limited to, the following: (1) The employer is capable of providing the department with all information required by this section through another medium, such as electronic filing or computer magnetic tape filing; (2) The information will be provided in a format which the department is capable of processing based upon available facilities, equipment and personnel; (3) The claims for benefits can be processed in a more timely manner; and (4) That other statutory and regulatory requirements pertaining to claims for benefits will be satisfied.

**(1)**

The employer is capable of providing the department with all information required by this section through another medium, such as electronic filing or computer magnetic tape filing;

**(2)**

The information will be provided in a format which the department is capable of processing based upon available facilities, equipment and personnel;

**(3)**

The claims for benefits can be processed in a more timely manner; and

**(4)**

That other statutory and regulatory requirements pertaining to claims for benefits will

be satisfied.