



TEXAS WORKFORCE COMMISSION SHARED WORK PLAN APPLICATION

Please complete all the items below.

1. TWC Tax Account Number

Employer Information

2. Organization Name	3. Additional Name	
4. Mailing Address		
5. City	6. State	7. Zip Code
8. Country	9. Foreign Zip Code	
10. Telephone Number ()	11. FAX Number ()	
12. Contact Person Name & Email address		

Plan Information

13. Is this Shared Work Plan a replacement for a previous plan? <input type="checkbox"/> Yes (complete 14) <input type="checkbox"/> No	14. What is the number of the plan being replaced?
15. Plan Description: Which is affected by the work reduction? <input type="checkbox"/> Unit <input type="checkbox"/> Entire Organization	16. Total Number of Employees in the Unit or Organization
17. Total Number of Employees in the Unit or Organization Affected by Work Reduction	18. Will work hours be reduced by 10% - 40% (percent)? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is your request for a Shared Work Plan an alternative to a layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Is the work of the affected unit/organization seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are any of the following fringe benefits affected? Health insurance, retirement benefits, vacation, holiday or sick pay, other employee benefit provided by the employer. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how: If yes, which is affected by the change to employee benefits? <input type="checkbox"/> Unit <input type="checkbox"/> Entire Organization	
22. Are any unions involved in the work reduction? <input type="checkbox"/> Yes (complete questions 29-46) <input type="checkbox"/> No	23. Does the affected unit/organization normally work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. What are the affected unit/organization's normal work hours? /week	25. Is at least 10% (percent) of the unit/organization affected? <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Will affected employees be notified of the Shared Work Plan in advance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how:	
27. What is the estimated number of employees who would be laid off if you do not participate in a Shared Work Plan?	
28. What is the estimated begin date for work reduction? (format as MM/DD/YY)	

29. I certify the implementation of this Shared Work Plan and the resulting reduction in work hours is instead of layoffs that would affect at least 10% (percent) of the affected unit(s).

Employer Representative Signature

Date

If your company has unions this Shared Work Plan will affect, an official from each union must acknowledge the plan by completing, signing and dating the information below.

Union Acknowledgment

30. Union Name	31. Local Union Number
32. Union Official's Name (Please Print)	33. Title
34. Shared Work Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
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35. Union Official's Signature	Date

36. Union Name	37. Local Union Number
38. Union Official's Name (Please Print)	39. Title
40. Shared Work Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
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41. Union Official's Signature	Date

42. Union Name	43. Local Union Number
44. Union Official's Name (Please Print)	45. Title
46. Shared Work Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
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47. Union Official's Signature	Date

Email or fax completed forms, inquiries, or corrections to the individual information contained in this form to: ui.sharedwork@twc.state.tx.us

or

Fax:

512-936-3250

Employees may participate in training while in the shared work program.

An individual may receive and review information that TWC collects regarding that individual by contacting TWC Open Records at 1-866-274-0940.

