**Company Name:**

Address:

Date:

Texas Workforce Commission

P.O. Box 149137

Austin, TX 78714-9137

Dear Mass Claims Coordinator:

(Company Name), referred to as The Company, has requested Mass Claims service from the Texas Workforce Commission (TWC).

 The Company is sending TWC an electronic spreadsheet containing pertinent information about employees who will be  (**permanently / temporarily**)  laid off beginning      (**beginning date of layoff**)  and will be returning      (**return date only if on temporary layoff**).

Complete the questionnaire on Page 2 of this Mass Claims Agreement letter and return it with the completed UI mass claim spreadsheet to [ui.massclaims@twc.texas.gov](mailto:ui.massclaims@twc.texas.gov).

Before TWC can process the mass claim spreadsheet, we must obtain the signature of an authorized representative of the company, indicating compliance with the following provisions:

1. Agrees to send the spreadsheet to [ui.massclaims@twc.texas.gov](mailto:ui.massclaims@twc.texas.gov) in a timely manner. TWC will confirm receipt of this information by e-mail withing 2 business days.
2. Agrees to password protect the electronic spreadsheet before sending or emailing it to TWC. Then, send the password to TWC in a **separate** e-mail.
3. Agrees to enter on the spreadsheet or otherwise furnish TWC with the names of individuals who require information from TWC in the Spanish language.
4. Agrees that the electronic file submitted constitutes a claim for those individuals whose name and Social Security numbers appear on the file and serves as the “Notice of Application for Unemployment Benefits” (Notice). TWC will not mail individual Notices to The Company regarding the job separation. (See 6 below for exceptions).
5. Understands we have 14 days from the processing date of the spreadsheet to protest/correct individual claims for unemployment benefits. Protest or send corrections to [ui.massclaims@twc.texas.gov](mailto:ui.massclaims@twc.texas.gov).
6. Understands that if an employee applies for benefits on their own prior to TWC processing the spreadsheet, a claim will not set up via the mass claims process. TWC will mail an individual “Notice of Application for Unemployment Benefits”. To protect your appeal rights, follow the instructions and deadlines for responding to that notice.
7. Understands you may receive decisions (“Determination on Payment of Unemployment Benefits)” related to other issues and may appeal those determinations.

Name:       Title:

Authorized Representative

Date:         **Telephone Number:**

If the person above is not the contact person for questions regarding the spreadsheet and/or Mass Claims Questionnaire, please provide a name and telephone number for that person

**NOTICE: TWC WILL RETURN SPREADSHEETS THAT DO NOT CONFORM TO THIS AGREEMENT.**

**Mass Claims Questionnaire**

|  |
| --- |
| **Permanent Layoff** |
| 1. Last date employees physically worked: |
| 1. Select language of information needed:   English   English **and** Spanish |
| 1. Do you consider your employees as:   Full Time  Part Time |
| If you consider your employees as full-time, how many hours do employees normally work full-time each week? |
| 1. In what city did layoff occur? |
| 1. Type of work performed (i.e., manufacturing, accounting, sales, etc.) |
| 1. Are employees members of a labor union with a hiring hall?   Yes No |
| 1. Is the company currently participating in the shared work program?   Yes No |
| 1. Will employees receive additional payment other than paid time off or wages earned?   Yes No |
| 1. If **“Yes,”** will employees receive this additional payment instead of advanced notice of layoff?    Yes No |
| 1. If **“Yes”** to question 8a, provide last date payment covered in column Z of the mass claim spreadsheet. |
| 1. Is payment in accordance with a collective bargaining agreement made before the work separation?   Yes No |
| 1. Are employees required to sign an agreement to receive the pay?   Yes No |
| 1. If **“No”** to question 8d, provide last date payment covered in column Z of the mass claim spreadsheet. |
| 1. If the company provides additional payment for other reasons, explain why: |
| **Temporary Layoff** |
| 1. Last date employees physically worked: |
| 1. Date employees return to regular, full-time schedule: |
| 1. Select language of information needed:   English   English **and** Spanish |
| 1. Do you consider your employees as: Full Time  Part Time |
| If you consider your employees as full-time, how many hours do employees normally work full-time each week? |
| 1. In what city did layoff occur? |
| 1. Type of work performed (i.e., manufacturing, accounting, sales, etc.) |
| 1. Are employees members of a Labor Union with a hiring hall?   Yes No |
| 1. Is the company currently participating in the shared work program?   Yes No |
| 1. Will employees be paid holiday or vacation pay during this layoff period?   Yes No |

Up11/22/2023[[1]](#endnote-1)

1. Updated 08-05-21 [↑](#endnote-ref-1)