



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		

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. 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

SEE REVERSE FOR ADDITIONAL INFORMATION

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

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

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

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

Send completed forms, inquiries, or corrections to the individual information contained in this form to the TWC UI Support Services Department, 101 E 15th St, Room 354, Austin, Texas 78778-0001, (512) 463-2999.

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.

