

Shared Work Agreement Application



Unemployment Insurance
Minnesota

1. **Legal Name of Business:** _____
DBA (if different than legal name): _____
MN UI Employer Account #: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Work Site Location: _____
Bus. Phone: _____ Bus. Fax: _____ Email: _____

2. **Employer Representative** - responsible for working with the Shared Work Program.
Name: _____ Job Title: _____ Fax: _____
Phone: _____ Extension: _____ Email: _____

3. **Desired Agreement start date:** The start date must be a Sunday. This application
Must be filed at least 15 days prior to the proposed start date. The final date will be
set by DEED. _____

4. **Desired Agreement end date:** The end date must be a Saturday.
Duration of the agreement must be at least 60 days, but not more than one year. _____

5. **Proposed Reduction in Hours per Week**
Your employees' Shared Work Weekly Benefit Amount will be based on the reduced number of hours you
indicate on this agreement.

Note: The number of employees covered by the agreement must reflect the savings of at least one full time
position. For instance: if you reduce the hours from 40 hours per week to 32 hours per week, the
agreement must include at least five employees, because each employee's hours are being reduced by
8 hours.

For the duration of this agreement, our employees' hours will be reduced to _____ hours per week
(Do not enter fractions of an hour).

6. **Layoffs Prevented and Communication to Employees**
How many layoffs will be prevented by your participation in this shared work plan? _____
You are required to provide advance written notification to each participating employee in a shared work
plan. The notice must be made at the time the plan has been approved and before the plan is in effect.

How do you plan to notify the participating employees (examples: memo, letter, email, or handout)?

If you are not able to provide advance written notice to participating employees, please explain:

7. **Product or service your company or organization provides:** _____

For Use By DEED Staff

Balance Due
Maximum Rate

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8. **Employer Shared Work Agreement Certification – By signing this application, we certify that:**
- A. *Each participating employee is NOT a seasonal, temporary, or intermittent worker.*
 - B. *We realize the purpose of this agreement is to stabilize the work force during a temporary business decline and we will not use it to subsidize the wages of part-time employees;*
 - C. *All employees participating in this agreement are normally employed full time or regular part-time, but their hours will now be reduced, with a corresponding reduction in pay, to prevent layoffs;*
 - D. *The date of hire of each participating employee was at least one year prior to the date that this agreement is being submitted to DEED;*
 - E. *We will not hire new employees to perform the duties of any participating employee during any period when hours are reduced for any participating employee;*
 - F. *We understand that no employees can be added to this agreement once it is approved;*
 - G. *We understand that if we choose to cancel this agreement before the agreed upon end date, we must provide seven calendar days' notice to DEED and to all participating employees, and that a new agreement may not be entered into for at least 60 days after cancellation of this agreement;*
 - H. *We understand that DEED may cancel this agreement if DEED determines that this agreement was based on false information or that we are in breach of the agreement;*
 - I. *We understand that we must immediately provide written notice to each participating employee if this agreement is cancelled by DEED for any reason;*
 - J. *We understand that benefits paid to participating employees will be charged to our UI employer account and we will be responsible for all taxes or reimbursements due that result from those charges; and,*
 - K. *We certify that employees participating in this plan will continue to be eligible for health care benefits and pension plans to the same extent as employees who are not part of the plan.*
 - L. *The Terms and implementation of the shared work plan is consistent with the employer's obligations under state and federal law.*

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*In addition, we understand that we **must immediately notify DEED** if any participating **employee is separated** from our employ due to lack of work, **that such separation could result in immediate cancellation of this agreement**, and that we will be **ineligible for a new agreement for 60 days** following cancellation of this agreement.*

Employer Name: _____ Date: _____

This agreement must be **signed by an owner or officer** of a private company, or a board member of a publicly held company, or a board member or executive director of a nonprofit organization, or an elected official or major nontenured policy maker of a governmental entity.

The person signing for a private company must be listed as an owner or officer on the Minnesota UI employer account.

Authorized Signature: _____ Title: _____

Print Name: _____

**Submit this application along with your participant list (saved as an Excel file) to:
Shared.work@state.mn.us**