New Jersey Department of Labor and Workforce Development, Division of Employer Accounts, Shared-Work Approval Unit, PO Box 913, Trenton, New Jersey 08625-0913
(609) 633-6400 Option 1

Office Use Only
SWP Number: _____

SHARED-WORK PLAN APPLICATION

To submit your shared-work plan, complete and return this application to the above address. Please ensure the all information on the application has been completed. Your shared-work application will be reviewed and a decision to approve or deny the application will be made within 60 days of receiving your completed form. For more information regarding the shared-work call the phone number above or visit our web site at http://lwd.dol.state.nj.us/labor/employer/ea/ea_index.html

Employer Information

1. Legal Business Name	2. FEIN
3. Trade Name/Doing-Business-As Name (if applicable)	
4. Complete Mailing Address (include city, state and ZIP code)	
5. Telephone Number	6. Fax Number
7. Name of Contact Person	8. Contact Person Telephone Number

Shared-Work Plan Information

9. Is this a new shared-work or a renewal shared-work plan? Proposed Start Date: _____ Proposed End Date: _____

☐ New shared-work plan? ☐ Renewal shared-work plan? ☐ Modified shared work plan?

If renewal what is your current shared-work plan number? _____

10. Whose work hours are you reducing? ☐ Employees in certain work unit(s) ☐ Employees in the entire organization

11. **Base your responses for the remainder of this section on the employee group you selected in item 10.** If you are asking for a shared-work plan for more than one unit, check here: ☐ Each employee group must meet the requirements of the plan.

12. Will you reduce all affected employees work hours by 10% and not greater than 60%? ☐ Yes ☐ No

13. Is your shared-work plan an alternative to a layoff? ☐ Yes ☐ No

14. Do any affected employees perform seasonal work? ☐ Yes ☐ No

15. Are the employees' fringe benefits impacted by the reduction in work hours? ☐ Yes ☐ No

16. Do any affected employees belong to a collective-bargaining agent (union) that does collective bargaining for them? ☐ Yes ☐ No
If **Yes**, the union must fill out the Union Agreement (next section). If **No**, skip to **Employer Agreement and Certification**

Union Agreement

If you answered **Yes** to item **16**, someone from each of those unions must fill out this section.

17. Name of Union	18. Local Union Number
19. Do you approve this employer's shared-work plan? ☐ Yes ☐ No	
20. Name of Union Representative (please print)	21. Title
22. Signature of Union Representative	23. Date

24. Name of Union	25. Local Union Number
26. Do you approve this employer's shared-work plan? ☐ Yes ☐ No	
27. Name of Union Representative (please print)	28. Title
29. Signature of Union Representative	30. Date

31. Describe how the employees in the affected unit will be notified if your shared work application is approved and the means of notification for employees who are members of the collective bargaining unit and employees who are not members of the collective bargaining unit.

Employer Agreement and Certification

I understand that my employees in the shared-work program will receive unemployment benefits while they are working fewer hours. I will be charged for those benefits, and that could affect my unemployment insurance contribution rate. During the shared- work program:

I certify that:

- The union(s), if any, has agreed to the shared-work plan.
- I am using the shared-work program instead of temporarily laying off employees in the affected work unit or company by at least the same amount of work hours that will be reduced through this shared-work plan.
- I will not hire additional employees while short-time benefits are being paid
- The participation and implementation of the program is consistent with my obligations under all applicable federal and state laws.
- I will not eliminate, or reduce, employees' benefits that I currently provide. These include health insurance, retirement/pension benefits, vacation pay and holidays, sick leave, and any other similar benefits I normally provide.

I agree that:

- I will provide the Division with whatever documents /information the Division deems necessary to administer the program and monitor compliance with all certifications and agreements above.

The information provided is true, correct and complete to the best of my knowledge and belief. I understand that the Division's approval of the shared-work program will be revoked for not telling the truth.

Name of owner or officer	Title
Signature of owner or officer	Date

Remember to fill out the list of employees in the shared-work program (on page 3)

To be in compliance with the Law, this form must be completed fully and responsibly. This certification must be signed by (1) the owner, if an individual, (2) a responsible or duly authorized member of the partnership or other unincorporated organization, (3) the President, Treasurer, or other principal officer, if a corporation. (Accountant's signature is not acceptable.)