

SHORT-TIME COMPENSATION PLAN - APPLICATION FORM "A"

1. EMPLOYER/COMPANY NAME AND MAILING ADDRESS		2. UNIT NAME & WORK LOCATION	
		E-MAIL ADDRESS	
3. U.I. EMPLOYER ACCOUNT #		4. NAME & PHONE NUMBER OF EMPLOYER CONTACT PERSON	FAX NUMBER
5. APPLICATION TYPE ▷	Original Application <input type="checkbox"/>	Modification of Approved Plan by: <input type="checkbox"/> Adding Participants <input type="checkbox"/> Deleting Participants <input type="checkbox"/> Changing Work Hour Reductions	

PLAN DATA

6. Total number of full-time and regular part-time employees in unit?					
7. Number of employees that would otherwise be totally laid off?					
8. For employees included in Item 7, enter the number who regularly work the following hours per week, the total weekly hours for each category AND THEN ENTER ON THIS LINE THE SUM OF ALL THE CATEGORIES.					Enter total hours for all employees here. Hours
EMPLOYEES:	No. _____	No. _____	No. _____	No. _____ = _____ (Equals Item 7)	
HOURS/WEEK:	x 30 Hours	x 35 Hours	x 40 Hours	x Other	
TOTAL HRS/WEEK:	= _____	= _____	= _____	= _____ = _____ (Grand Total Hours Per Week) ▷▷▷	
9. Number of weeks that employees in Item 7 would otherwise be totally laid off? <i>(Must equal at least 8 weeks, but not more than 26 weeks.)</i>					Weeks
10. Multiply total hours for all employees in Item 8 times Item 9					Hours
11. Number of employees in unit you plan to have working reduced hours? <i>(Must be 10% or more of Item 6)</i>					
12. COMPLETE APPLICATION FORM B, then enter the total of Form B column 9 on this line.					Hours
13. Divide Item 10 by Item 12 to obtain the number of weeks you plan or can project to work these employees on reduced hours. <i>(Round to the nearest full week and note that it must not exceed 26 weeks)</i>					Weeks
14. On what date (must be a Sunday) do you want this plan or modification to start?					
15. On what date (must be a Saturday) do you want this plan to end? <i>(Plan duration not more than six (6) months)</i>					
16. Describe how participants will be notified of plan and how you plan to work with them to implement it.					
17. Describe how the fringe benefits of the participants will be affected by the planned reduction in work hours and wages.					
18. Does your business customarily have periods of intermittent employment where part-time workers are used? Yes <input type="checkbox"/> No <input type="checkbox"/>					
19. Do you consider your business seasonal? Yes <input type="checkbox"/> No <input type="checkbox"/>					
20. Will this plan subsidize your off season? Yes <input type="checkbox"/> No <input type="checkbox"/>					

21. I certify the information provided on Application Form A and B is correct and as follows:

- a. The employees in Items 6, 7 and 11 normally work at least 30, but not more than 40 (excluding overtime) regular pay hours per week.
- b. The hours shown in Item 8 exclude overtime pay hours and any in excess of 40 hours per week.
- c. This plan has been agreed to by all collective bargaining agents representing all employee participants shown on the attached Application Form "B".
- d. Each employee listed on Application Form "B" is a full-time or regular part-time employee of the employer.
- e. The plan is in lieu of a temporary layoff of one or more workers for an indefinite period expected to last for more than two months, but not more than six months.
- f. The planned reduction in weekly hours for the employees listed on Application Form "B" is instead of layoffs that would result in at least as large a reduction in total work hours.
- g. The normal weekly hours for the employees will be reduced in accordance with the data shown on Application Form "B" with a corresponding reduction in wages.
- h. We understand that the short-time compensation benefits paid under this plan will be charged to our experience rating period (or if a reimbursable employer, we will be assessed for those payments).
- i. We understand that participation in the Short-Time Compensation Program will not affect our current unemployment tax rate, but that it could cause increases in our future rates.
- j. We understand that this plan is subject to review and can be revoked due to non-compliance with program rules and requirements.

Signed: _____ Date: _____
(Must be Owner, Principle Officer or Authorized Representative)

Title: _____

Completing and Submitting an Application for a Short-Time Compensation Plan

GENERAL COMMENTS:

The STC application consists of two parts. Form A is a description of how the employer wants to implement the plan. Form B is a list of the employees that the employer expects to have involved in the plan.

Because there are certain percentages that must be met in the plan, we recommend the completion of Form B before Form A. By doing so, you will find it easier to comply with the percentage and avoid unnecessary changes to Form A. Keep in mind that the following requirements must be met by the plan you submit:

1. The unit must consist of at least five full-time or regular part-time employees who normally work at least 30 hours per week. A "Sole Proprietor" of the business may not be included as one of the five participant employees of a qualifying unit.
2. The normal total hours of work for the unit cannot include any overtime nor any more than 40 hours of any of the employees in the unit.
3. The reduction percentage **must be equal** for all the employees listed on Form B and must be between 20% and 50%. Actual hours worked by plan participants must be substantially the same each week of the plan, with all participants working the reduced schedule.
4. All participants listed on Form B must be monetarily eligible for regular unemployment benefits. It should be noted approval of any STC plan is subject to revocation if any participant is later found to be ineligible.
5. At least 10% of the employees or a minimum of 5 employees (whichever is greater) in the unit must participate in the plan.
6. The STC plan presented is the plan that will be used. Substantial changes in work actually being performed could be cause for the plan to be revoked or modified.
7. The STC plan cannot subsidize seasonal workers during the off season; nor can it subsidize periods of intermittent employment where part-time workers have traditionally been used.
8. Your plan must be "balanced", meaning it works mathematically. The number of hours needing to be saved (line 9 on Application A form) should equal the total number of hours workers will not work (line 12 on Application B form). The total hours needing to be saved must be able to be accomplished within the plan duration.

We **recommend** that you make a photocopy of your complete application to retain in your files.

Send the original of the completed application forms (Forms A and B) to the STC Unit, Vermont Department of Labor, P.O. Box 189, Montpelier, VT 05601-0189 or by fax to 802-828-9191.

As you begin thinking about the feasibility of this program, please build in a minimum of 15 days between the date you submit your application and the proposed start date of your plan, as the approval process may take up to 15 days.

If your plan is rejected, we will indicate the reasons in our letter of rejection. You are welcome to make any necessary corrections and resubmit a plan.

Please note all plans are subject to at least one compliance review by this department during the first three months of the plan. If that review indicates that an employer is not abiding by the terms of the approved plan and the statutory requirements for each plan, the Commissioner may revoke approval of the plan by notifying the employer in writing.

Also note that any approved plan will automatically be terminated on the effective date of any transfer of ownership of the legal business entity.

If you have questions or need assistance, please email us at Labor-UIAndWagesDivision@state.vt.us or call: 1-877-214-3331 and ask for an STC Representative.