LISTING OF EMPLOYEE PARTICIPANTS IN
SHORT-TIME COMPENSATION PLAN - APPLICATION FORM "B"

VERMONT DEPARTMENT OF LABOR

1. COMPANY NAME	2. UNIT NAME	3. U.I. ACCOUNT NO.	Page ____ of ____

4. Please list participants names IN ALPHABETICAL ORDER, last name first. *(Listing must include at least 10% of total employees in Unit)*	5. Social Security Number	6. Hourly Wage	7. Normal Weekly Hours	8. Proposed Reduction Percentage (round down to a whole number) (a)	Proposed Weekly Hours		Dept. Use Only		
					9. Not Worked (b)	10. Worked (b)	Mon Method	CWC State	2nd Empl

11. Enter subtotal of participants indicated above _____

* Enter grand total of ALL participants _____ (c)

12. Enter total of column 9 on this page _____

* Enter grand total of ALL column 9's _____ (d)

B-146 STC (3/09)

(a) Reduction percent must be at least 20%, not more than 50%, the SAME for ALL participants, and rounded down to a whole number. (b) Round down all partial hours to the nearest hour (i.e., 37.5 x 20% = 7 hrs.) (c) This number should be the same as item 11 on Application A form. (d) This number should be the same as item 12 on Application A form. *If more than one B-146 STC form is being submitted, enter grand total of all B-146 STC forms on last page.