

**EMPLOYER'S WEEKLY REPORT OF PARTICIPANTS  
SHORT-TIME (STC) COMPENSATION PLAN**

**VERMONT DEPARTMENT OF LABOR**

P.O. Box 189, Montpelier, VT 05601-0189

VDOL Employer Number: \_\_\_\_\_

STC Plan Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Unit Name: \_\_\_\_\_

Report for week ending Saturday: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Report Submitted By: \_\_\_\_\_ Telephone: \_\_\_\_\_

| A<br>Participant Name<br>(Last Name First) | B<br>SSN | C<br>Hourly Wage | D<br>STC hours worked | E F G<br>Other paid hours* |      |                      | H<br>Total of all STC hours<br>(columns D - G)<br><br>[Round down to nearest hour] | I J<br>Are STC hours worked the same as plan? |      | K L<br>Did worker accept all work offered? |      | M N O P Q R<br>Worker's Weekly Claim |    |                    |    |          |    | S<br><b>KEYS</b><br><br>* Provide explanation below.<br><br>** Forward signed VDOL form B-2 with B-6 STC form. |  |  |  |
|--|----------|------------------|-----------------------|----------------------------|------|----------------------|--|---|------|--|------|--------------------------------------|----|--------------------|----|----------|----|--|--|--|--|
|  |          |                  |                       | Vacation                   | Sick | Holiday (not worked) |  | Yes   | No * | Yes  | No * | Q #2 Ans                             |    | All Q #3-8 = "No"? |    | Q #9 Ans |    |  |  |  |  |
|  |          |                  |                       |                            |      |                      |  |   |      |  |      | Yes                                  | No | Yes                | No | Yes **   | No |  |  |  |  |
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|  |          |                  |                       |                            |      |                      |  |   |      |  |      |                                      |    |                    |    |          |    |  |  |  |  |

**EMPLOYER CERTIFICATION:** I certify that a) the above information concerning the status/earnings of the employers participating in the STC plan noted above are true and correct to the best of my knowledge; b) records supporting all details considered in this submission will be available for inspection for 3 years from the week ending date indicated above; and c) I understand I will be liable to repay any improperly paid STC benefit that results from a finding of intentional misleading or false information.

\_\_\_\_\_  
Authorized Employer Representative Signature

\_\_\_\_\_  
Signature Name Printed

\_\_\_\_\_  
Date

### Instructions for submitting Employer Weekly Report and participants weekly claims

- Completed Employer Weekly Report, B-145 STC form, must be submitted to VDOL EACH week throughout the duration of the approved STC plan. Completed Participant Weekly Claims (B-6 STC form) shall be submitted to VDOL EACH week in conjunction with the B-145 STC form. To ensure participants are paid timely, all necessary forms need to be received in Montpelier by noon on the Wednesday following the Saturday week ending being claimed. NO FORMS may be submitted in advance of the end of the week being claimed. It is the employer's responsibility to ensure a process is in place to accommodate timely and accurate filing of weekly certifications.
- Enter the exact hours AND minutes in columns D - G. Minutes must be reported in hundredths of an hour (minutes divided by 60). Examples: 5 hours and 45 minutes = 5.75; 30 minutes = .50; 25 minutes = .25; 40 minutes = .67.
- Holiday time: If participant works a holiday, include such hours as STC hours worked (column D). If participant **did not work the holiday**, but will receive pay for it, indicate such hours in column G on the B-145 STC form.
- Column "H" on the Employer Weekly Report, B-145 STC form, must reflect the total of ALL STC hours that will be paid (columns D - G), rounded down to the nearest whole hour.
- If you answered "No" in columns J or L on B-145 STC form for ANY participant, you must provide further information in column S of the B-145 STC form.

### Additional instructions for STC employers submitting weekly certification through VDOL's web application

*(If you are currently not using our web application to submit weekly certifications and wish to do so, please contact your STC VDOL representative.)*

- Click "edit" to enter each participant's information. When entering STC time worked and/or other STC time that will be paid, enter the exact hours AND minutes (reported in hundredths of an hour) in each column; the web application will total and round down ALL HOURS worked accordingly. See above examples of reporting minutes.
- Rule for holiday time indicated above is the same for web application submissions.
- If participant worked ALL available hours, click "yes" button. Enter "Other Job Hours" (taken from question 2 on participant's B-6 STC form); if participant had no other work, leave field blank.
- For "Any Other Issue" column, review participant's B-6 STC form. If participant answered "yes" to ANY of questions 3 through 8 on the participant's B-6 STC form, click the "yes" button.
- Click "New Name Address Phone" button ONLY when participant has answered "yes" to question 9 on the B-6 STC form; completed VDOL B-2 form (Change of Name, Address, telephone) must be submitted with weekly certification.
- After completing individual participant's information click "save" for that participant. Application will save all information entered for all participants. Once all participant information is complete, click "Continue Weekly Report" button to submit report to VDOL. Once this button is clicked, you will be asked to certify all information is accurate. Upon confirming information is accurate, **no changes will be permitted**. Any subsequent changes or additional claims must be mailed/faxed to the STC Unit. A STC VDOL representative will only contact you in the event there are questions or concerns.
- Participants weekly claims (B-6 STC forms) shall only be submitted when:
  1. the STC participant has indicated they have worked or earned wages from a source other than the STC employer (Question 2 answer = YES)
  2. the STC participant has answered YES to any of questions 3 - 9
  3. the total number of hours indicated in column "H" of B-145 STC form AND question 2 on the participant's B-6 STC form are less than 20 hours.

### Important details to remain mindful of

- Employees must be willing to participate in the STC plan voluntarily.
- Please ensure that the names and social security numbers on all forms are correct and legible.
- A change in any STC plan, such as the addition or deletion of employee participants or a change in the percentage of hours worked may require a plan modification, which needs to be approved by this Department. In such event, please notify the STC Unit.
- At some point during the first three months of your STC plan, VDOL will be conducting a review in accordance with §1455 of V.S.A. Title 21, Chapter 17. All records supporting STC plan submissions must be maintained for 3 years.
- If you have questions or require assistance, please call the Employer Assistance Line at 877-214-3331 during normal business hours and ask to speak with an STC Representative.
- Submit all required paperwork to: VDOL, ATTN: STC Program, 5 Green Mountain Drive, PO Box 189, Montpelier, VT 05601-0189, Fax: 802-828-9191.