

# TEXAS WORKFORCE COMMISSION SHARED WORK PLAN APPLICATION

1. TWC Tax Account Number
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**Employer Information (Please complete all the items below.)**

2. Organization's Name	2a. Additional Name	
3. Mailing Address		
4. City	5. State	6. Zip Code
7. Country	8. Foreign Zip Code	
9. Telephone Number (      )	10. FAX Number (      )	
11. Contact Person		
12. Employee Information Will be Submitted By: <input type="checkbox"/> Tape <input type="checkbox"/> Diskette <input type="checkbox"/> Paper Form (Enclosed)		

**Plan Information**

13. Is this Shared Work Plan a replacement for a previous plan? <input type="checkbox"/> Yes (see 13a) <input type="checkbox"/> No	13a. What is the number of the plan being replaced?
14. Plan Description: Which is affected by work reduction? <input type="checkbox"/> Unit <input type="checkbox"/> Entire Organization	15. Total Number of Employees in the Unit or Organization
16. Total Number of Employees in the Unit or Organization Affected by Work Reduction	17. Will work hours be reduced by 10% - 40% (percent)? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is your request for a Shared Work Plan an alternative to a layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Is the work of the affected unit/organization seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are employee fringe benefits affected? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Are any unions involved in the work reduction? <input type="checkbox"/> Yes (see questions 25-42) <input type="checkbox"/> No
22. Does the affected unit/organization normally work full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No (see 22a)	22a. What are the affected unit/organization's normal work hours? _____ /week
23. Is at least 10% (percent) of the unit/organization affected? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**I certify the implementation of this Shared Work Plan and the resulting reduction in work hours is instead of temporary layoffs that would impact at least 10% (percent) of the affected unit(s).**

24. Employer Representative Signature: _____	Date: _____
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**PLEASE SEE REVERSE FOR ADDITIONAL INFORMATION**

**If your company has unions this Shared Work Plan will affect, an official from each union must acknowledge the plan by completing, signing and dating the information below.**

**Union Acknowledgment**

25. Union Name	26. Local Union Number
27. Union Official's Name (Please Print)	28. Title
29. Shared Work Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Union Official's Signature: _____ Date: _____	

31. Union Name	32. Local Union Number
33. Union Official's Name (Please Print)	34. Title
35. Shared Work Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Union Official's Signature: _____ Date: _____	

37. Union Name	38. Local Union Number
39. Union Official's Name (Please Print)	40. Title
41. Shared Work Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Union Official's Signature: _____ Date: _____	

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC UI Support Services Department, 101 E 15th St, Room 354, Austin, Texas 78778-0001, (512) 463-2999. An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records Unit, 101 East 15th Street, Room 264, Austin, Texas 78778-0001.

