



Rhode Island Department of Labor and Training

Income Support Division

1511 Pontiac Avenue

Cranston, RI 02920

Telephone: (401) 462-8418

Workshare Agreement

The Workshare program is an alternative for an employer to avoid layoffs when experiencing temporary major slowdown in business due to economic conditions.

The Workshare plan submitted by the employer (see attached enclosures) certifies that the reduction in the usual weekly hours of work is in lieu of layoffs which would have affected at least 10 percent (10%) of the employees in the affected unit or units to which the plan applies and which would have resulted in an equivalent reduction in work hours.

The employer agrees to furnish required/requested reports relating to the proper conduct of the plan and agrees to allow the director or his or her authorized representatives access to all records necessary to verify the plan prior to approval and, after approval, to monitor and evaluate application of the plan.

Records of actual hours worked, including timesheets and/or time cards, must be maintained by the Workshare employer for all individuals participating in the Workshare program. This includes salaried employees who do not normally record hours of work.

Gross weekly wages of salaried employees must be reduced by the same percentage as the Workshare hours of work.

The employer agrees that the number of hours worked indicated by the employer representative for each employee on each bi-weekly claim form is in fact, the number of hours actually worked by each employee during the indicated week/weeks.

A plan shall be effective on the date that is mutually agreed upon by the employer and the DLT Director which shall be specified in the notice of approval sent to the employer. It shall expire at the end of the twelfth (12th) full calendar month after its effective date or on the date specified in the plan if that date is earlier; provided that the plan is not previously revoked by the Director. If a plan is revoked by the Director, it shall terminate on the date specified in the Director's written order of revocation.

In accordance with Rule 31, Workshare Benefits Program, if an employer participates in the Workshare Program for 18 months or more, within two consecutive years, the reduced hours shall become the standard for the usual weekly hours of work for the subsequent third year. The reduction will be computed based on the previous years' hours.

In addition, an employer will not be allowed to participate in the Workshare Program for the same period of time each year for more than three (3) consecutive years as defined by "seasonal employment" in section 28-44-69(a)(6) of the Employment Security Act.

All affected units will be reduced by the maximum amount of hours before any layoffs are allowed, unless justification can be given as to why the layoff must occur in an affected unit.

If dissatisfied with an initial determination, an employer may seek reconsideration by the Director, whose decision shall be final with no further appeal.

A Workshare employer may not participate in the program during any week of a bona-fide vacation shut down or an economic shut down.



Rhode Island Department of Labor & Training

Workshare Unit

PO Box 20310, Cranston, RI 02920-0943

WORKSHARE – EMPLOYER APPLICATION

Company Information	
Company Name:	RI ERN:
Address of Worksharing:	
What is the reason for the expected reduction in work?	
Employer Representative	
<i>An employer must identify a representative to coordinate with Workshare Program staff regarding the employer plan and eligible employee claims. Employer representatives must report changes and respond to requests for information.</i>	
Name:	Job Title:
Phone:() Ext:	Email:
Plan Information	
On what date (must be a Sunday) do you want this plan to begin?	What percentage are the normal weekly hours of work reduced (must be between 10-50%)? %
Affected Unit Name:	Number of Employees:
<i>Please list the participants from the affected unit on the attached Workshare - Participant listing.</i>	
Indicate the estimated number of layoffs that will be avoided by using the Workshare Program:	What percentage of staff in affected unit does this number represent?
How will you give advance notice to affected employees whose hours will be reduced? <div style="display: flex; justify-content: space-around;"> Memo/Letter Email Staff Meeting Other: </div> <p>If advance notice is not possible, please state the reason:</p> <p style="text-align: center;"><i>Please Note: Employees must be provided advance notice of participation whenever feasible.</i></p>	
Are any employees who will participate in this plan covered by a collective bargaining agreement? <div style="display: flex; justify-content: space-around;"> Yes No </div>	If yes, please identify the union and have the authorized representative sign the form below indicating union concurrence. <div style="display: flex; justify-content: space-between;"> Union Name: Local Number: </div> <div style="display: flex; justify-content: space-between;"> Agent Signature: Date: </div>
IMPORTANT: State Statute relative to workshare does not allow for participation during normal seasonal fluctuations in business. Workshare covers only Permanent Employees. Seasonal, temporary and/or intermittent employees are not eligible.	

Employer Certification

You certify that:

- you have read and understand the above requirements for participation in the Workshare program and understand that violation of the terms of this contract will result in revocation of Workshare approval and possible further penalty.
- you have at least two permanent employees enrolled in each unit.
- affected employees were hired on a permanent basis and the number of hours worked for each employee on each bi-weekly claim form is in fact the number of hours actually worked by each employee during the indicated week/weeks
- health benefits and paid time off will continue to be provided under the same terms and conditions as when the affected employee worked their usual weekly hours unless health benefits are changed for all your employees.
- retirement benefits and contributions under defined plans will continue to be provided under the same terms and conditions as when the affected employees worked their usual weekly hours, unless retirement benefits are changed for all your employees.
- you agree to furnish all reports and information necessary for proper administration of your Workshare plan.
- your participation is consistent with your obligations under federal and state law.
- if there are any changes to the information on this application or the Workshare - Participation list, you will notify the Workshare staff immediately.
- you agree not to use Workshare to subsidize seasonal employees during the off-season.

This application must be signed by the owner, a partner, a corporate officer, or a duly authorized employer representative.

Signature:

Title:

Date:

*****The Director may revoke an approved Workshare plan for good cause. The determination is final and non-appealable. An employer whose request was denied may submit another plan for approval.*****



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WORKSHARE – PARTICIPANT LIST

Employee Name	Social Security Number	Normal Hours of Work Per Week
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
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