

# Shared Work Agreement Application



Unemployment Insurance  
*Minnesota*

- 1. Legal Name of Business:** \_\_\_\_\_  
DBA (if different than legal name): \_\_\_\_\_  
MN UI Employer Account #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Site Location: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_ Bus. Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- 2. Employer Representative** - responsible for working with the Shared Work Program.  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Email: \_\_\_\_\_
- 3. Desired Agreement start date:** The start date must be a Sunday. This application  
Must be filed at least 15 days prior to the proposed start date. The final date will be  
set by DEED. \_\_\_\_\_
- 4. Desired Agreement end date:** The end date must be a Saturday.  
Duration of the agreement must be at least 60 days, but not more than one year. \_\_\_\_\_
- 5. Proposed Reduction in Hours per Week**  
Your employees' Shared Work benefit will be based on the reduced number of hours you indicate on this  
agreement. If an employee works:
  - fewer hours than the hours you list, no additional benefits will be paid.
  - more hours than the hours you list, no benefits will be paid.Note: The number of employees covered by the agreement must reflect the savings of at least one full time  
position. For instance: if you reduce the hours from 40 hours per week to 32 hours per week, the  
agreement must include at least five employees, because each employee's hours are being reduced by  
8 hours.  
For the duration of this agreement, our employees' hours will be reduced to \_\_\_\_\_ hours per week  
(the number of hours listed must be between 20 and 32 hours per week. Do not enter fractions of an hour).
- 6. Product or service your company or organization provides:** \_\_\_\_\_

## For Use By DEED Staff

Balance Due   
Maximum Rate

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7. **Employer Shared Work Agreement Certification – By signing this application, we certify that:**
- A. *We realize the purpose of this agreement is to stabilize the work force during a temporary business decline and we will not use it to subsidize the wages of part-time employees;*
  - B. *All employees participating in this agreement are normally employed full time but their hours will now be reduced, with a corresponding reduction in pay, to prevent layoffs;*
  - C. *The date of hire of each participating employee was at least one year prior to the date that this agreement is being submitted to DEED;*
  - D. *We will not hire new employees to perform the duties of any participating employee during any period when hours are reduced for any participating employee;*
  - E. *We understand that no employees can be added to this agreement once it is approved;*
  - F. *We understand that if we choose to cancel this agreement before the agreed upon end date, we must provide seven calendar days' notice to DEED and to all participating employees, and that a new agreement may not be entered into for at least 60 days after cancellation of this agreement;*
  - G. *We understand that DEED may cancel this agreement if DEED determines that this agreement was based on false information or that we are in breach of the agreement;*
  - H. *We understand that we must immediately provide written notice to each participating employee if this agreement is cancelled by DEED for any reason;*
  - I. *We understand that benefits paid to participating employees will be charged to our UI employer account and we will be responsible for all taxes or reimbursements due that result from those charges; and,*
  - J. *We certify that employees participating in this plan will continue to be eligible for health care benefits and pension plans to the same extent as employees who are not part of the plan.*

*In addition, we understand that we **must immediately notify DEED** if any participating **employee is separated** from our employ due to lack of work, **that such separation will result in immediate cancellation of this agreement**, and that we will be **ineligible for a new agreement for 60 days** following cancellation of this agreement.*

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement must be **signed by an owner or officer** of a private company, or a board member of a publicly held company, or a board member or executive director of a nonprofit organization, or an elected official or major nontenured policy maker of a governmental entity.

The person signing for a private company must be listed as an owner or officer on the Minnesota UI employer account.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

8. **Submit this application along with your participant list (saved as an Excel file) to:**  
**Shared.work@state.mn.us**