



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Rhode Island Department of Labor and Training

## **Income Support Division**

1511 Pontiac Avenue  
Cranston, RI 02920  
Telephone: (401) 462-8400

**Gina Raimondo**  
Governor  
Scott Jensen  
Director

### **WorkShare Agreement Between RI Department of Labor and Training and**

The WorkShare program is in 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 specified in the plan or on the first Sunday following the date on which the plan is approved by the director, whichever is later. It shall expire at the end of the twelfth (12<sup>th</sup>) 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.

An employer shall not make any modifications to the WorkShare Plan for thirty (30) days after its effective date. If a modification is needed after this thirty (30) day period, the employer must submit a request for a new application. Modifications include, but are not limited to, fluctuations in weekly hours of work which differ from the percentage of reduction submitted in the original plan.

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.

Please complete the Employer Representative section below, WHICH REQUIRES OFFICIAL NOTARIZATION, and return with your completed WorkShare packet information.

I certify that I have read and understand the above requirements for participation in the WorkShare program. I understand that violations of the terms of this contract will result in revocation of WorkShare approval and possible further penalty.

Printed Name of Authorized Employer Representative: \_\_\_\_\_

Signature of Authorized Employer Representative: \_\_\_\_\_

Date: \_\_\_\_\_

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**Do not complete this section. If your WorkShare plan is approved, you will receive this document complete with signature of an Authorized Representative of the Director of the RI Department of Labor and Training. A plan is not officially approved until this document is returned to your company with the section below complete.**

Printed Name of the Authorized Representative of the Director of the RI Department of Labor and Training:

\_\_\_\_\_

Signature of the Authorized Representative of the Director of Labor and Training:

\_\_\_\_\_

Date: \_\_\_\_\_

WorkShare Plan Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_