APPLICATION FOR WORK-SHARING

(HOW TO APPLY FOR WORK-SHARING)

GENERAL INFORMATION

WORK-SHARING IS A PROGRAM TO HELP EMPLOYERS AND EMPLOYEES AVOID LAYOFFS WHEN THERE IS A TEMPORARY DECREASE IN THE NORMAL LEVEL OF BUSINESS ACTIVITY RESULTING FROM FACTORS BEYOND THE EMPLOYER'S CONTROL. INCOME SUPPORT IN THE FORM OF EMPLOYMENT INSURANCE WORK-SHARING BENEFITS ARE PROVIDED TO ELIGIBLE EMPLOYEES WHO TEMPORARILY WORK A REDUCED WORK-WEEK WHILE THE EMPLOYER RECOVERS.

THE EMPLOYER AND THE EMPLOYEES INVOLVED (AND THE UNION, IF APPLICABLE) MUST AGREE TO PARTICIPATE IN A WORK-SHARING AGREEMENT. THEN, THE EMPLOYER / EMPLOYER REPRESENTATIVE, EMPLOYEE REPRESENTATIVE AND, IF APPLICABLE, UNION REPRESENTATIVE APPLY TO PARTICIPATE IN A WORK-SHARING AGREEMENT.

EMPLOYERS MUST HAVE A MINIMUM 10% REDUCTION IN BUSINESS ACTIVITIES RESULTING IN A SHORTAGE OF WORK IN THE LAST SIX MONTHS TO ESTABLISH A NEED FOR WORK-SHARING.

NOTE: MISSING OR INCOMPLETE APPLICATION INFORMATION WILL DELAY ASSESSMENT OF THE APPLICATION AND MAY DELAY THE REQUESTED START DATE.

*PLEASE REFER TO WORK-SHARING PROGRAM - HOW TO APPLY - CANADA.CA FOR DETAILED INSTRUCTIONS.

1. TYPE OF APPLICATION

☐ WORK-SHARING
NOTE: SUBMIT APPLICATION PACKAGE AT LEAST **10 BUSINESS DAYS** PRIOR TO THE REQUESTED START DATE.
RETROACTIVE START DATES ARE NOT POSSIBLE IN THE WORK-SHARING PROGRAM.

- REQUESTED START DATE (MUST START ON A SUNDAY) (YYYY-MM-DD) _____
- NUMBER OF WORK-SHARING WEEKS REQUIRED (BETWEEN 6 AND 26 WEEKS) _____

☐ SPECIAL MEASURES
(CHECK BOX IF REQUESTING TO APPLY FOR ANY CURRENT SPECIAL MEASURES)

☐ EXTENSION (MAXIMUM 38 WEEKS TOTAL DURATION)
NOTE: SUBMIT EXTENSION APPLICATION PACKAGE AT LEAST **4 WEEKS** PRIOR TO ORIGINAL DATE OF EXPIRY OF WORK-SHARING AGREEMENT

☐ AMENDMENT (MUST COMPLETE PART 1 AND PART 4)

2. ACTIVE OR PREVIOUS WORK-SHARING AGREEMENT NUMBER OR _____ ☐ NOT APPLICABLE	3. SUBMIT ONE APPLICATION FOR ALL WORK LOCATIONS IMPACTED BY THE SAME WORK SHORTAGE. INDICATE REGION(S) OF WORK LOCATION BELOW: ☐ ATLANTIC PROVINCES ☐ QUEBEC ☐ ONTARIO ☐ WESTERN CANADA AND TERRITORIES

PART 1 – EMPLOYER INFORMATION

4. LEGAL BUSINESS NAME OF EMPLOYER	5. OPERATING NAME OF EMPLOYER ☐ SAME AS LEGAL BUSINESS NAME
6. CANADA REVENUE AGENCY PAYROLL ACCOUNT NUMBER (15 CHARACTERS, E.G., 123456789**RP**0002)	7. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM CODE (OPTIONAL – 2 TO 6 DIGITS MAXIMUM)
8. DATE BUSINESS ESTABLISHED IN CANADA (YYYY–MM–DD)	9. HAVE YOU HAD EMPLOYEES IN CANADA FOR TWO YEARS OR MORE? ◯ YES ◯ NO

LEGAL ADDRESS OF THE EMPLOYER (AS REGISTERED WITH THE CANADA REVENUE AGENCY)

10 a. LEGAL STREET ADDRESS		10 b. UNIT NUMBER
10 c. CITY/TOWN	10 d. PROVINCE/TERRITORY	10 e. POSTAL CODE (A1A 1A1)

MAILING ADDRESS (IF DIFFERENT FROM THE EMPLOYER LEGAL ADDRESS) ☐ SAME AS LEGAL ADDRESS

11 a. MAILING STREET ADDRESS		11 b. UNIT NUMBER
11 c. CITY/TOWN	11 d. PROVINCE/TERRITORY	11 e. POSTAL CODE (A1A 1A1)

12. BUSINESS TELEPHONE NUMBER (10 DIGITS) (999) 999-9999	13. BUSINESS E-MAIL ADDRESS
14. BUSINESS WEBSITE URL (IF APPLICABLE)	

15. LEGAL NAME OF EMPLOYER REPRESENTATIVE
NOTE: EMPLOYER REPRESENTATIVE MUST HAVE SIGNING AUTHORITY FOR THE BUSINESS.

TITLE / POSITION / OCCUPATION	TELEPHONE NUMBER (10 DIGITS) (999) 999-9999

E-MAIL ADDRESS

16. LEGAL NAME OF EMPLOYER REPRESENTATIVE (SECONDARY – OPTIONAL)
NOTE: EMPLOYER REPRESENTATIVE MUST HAVE SIGNING AUTHORITY FOR THE BUSINESS

TITLE / POSITION / OCCUPATION	TELEPHONE NUMBER (10 DIGITS) (999) 999-9999

E-MAIL ADDRESS

17. LEGAL NAME OF PRIMARY EMPLOYEE REPRESENTATIVE

TITLE / POSITION / OCCUPATION	TELEPHONE NUMBER (10 DIGITS) (999) 999-9999

E-MAIL ADDRESS

NOTE: THE EMPLOYEE REPRESENTATIVE MUST BE AUTHORIZED TO ACT ON BEHALF OF THE EMPLOYEES PARTICIPATING IN WORK-SHARING. THE MEMBERS OF THE WORK-SHARING UNIT(S) MUST AUTHORIZE EMPLOYEE REPRESENTATIVE(S) TO ENTER INTO THE WORK-SHARING AGREEMENT ON THEIR BEHALF. THE NAME ALSO NEEDS TO BE INCLUDED ON ATTACHMENT A EMP5101.

18. LEGAL NAME OF EMPLOYEE REPRESENTATIVE (SECONDARY – OPTIONAL)

TITLE / POSITION / OCCUPATION	TELEPHONE NUMBER (10 DIGITS) (999) 999-9999

E-MAIL ADDRESS

NOTE: THE EMPLOYEE REPRESENTATIVE MUST BE AUTHORIZED TO ACT ON BEHALF OF THE EMPLOYEES PARTICIPATING IN WORK-SHARING. THE MEMBERS OF THE WORK-SHARING UNIT(S) MUST AUTHORIZE EMPLOYEE REPRESENTATIVE(S) TO ENTER INTO THE WORK-SHARING AGREEMENT ON THEIR BEHALF. THE NAME ALSO NEEDS TO BE INCLUDED ON ATTACHMENT A EMP5101.

19. LEGAL NAME OF UNION REPRESENTATIVE

TITLE / POSITION / OCCUPATION	TELEPHONE NUMBER (10 DIGITS) (999) 999-9999

E-MAIL ADDRESS

UNION NAME AND LOCAL BARGAINING UNIT

NOTE: THE UNION REPRESENTATIVE IS DESIGNATED BY THE UNION AND REPRESENTS THE INTERESTS OF THEIR MEMBERS PARTICIPATING IN WORK-SHARING. THE NAME ALSO NEEDS TO BE INCLUDED ON ATTACHMENT A EMP5101.

PART 2 – ADDITIONAL INFORMATION

20. TYPE OF BUSINESS:

◯ PRIVATE ◯ PUBLIC SECTOR ◯ NON-PROFIT ◯ OTHER, PLEASE DEFINE BELOW:

_____

21. ARE YOUR EMPLOYEES:	22. TOTAL NUMBER OF EMPLOYEES AT THE BUSINESS (999,999):
☐ UNIONIZED; AND/OR ☐ NON-UNIONIZED	

23. PROVIDE A DESCRIPTION OF YOUR BUSINESS INCLUDING A BRIEF HISTORY EXPLAINING THE TYPE OF PRODUCTS / SERVICES WITH DETAILS ON TARGET CLIENTS / SUPPLIERS (YOU MAY INCLUDE ADDITIONAL DOCUMENTATION TO ANSWER THIS QUESTION):

24. DETAIL THE EVENT(S) OR FACTOR(S) THAT LED TO YOUR REDUCTION IN BUSINESS ACTIVITY AND AVAILABLE WORK (YOU MAY INCLUDE ADDITIONAL DOCUMENTATION TO ANSWER THIS QUESTION):

25. DESCRIBE RECOVERY MEASURES TAKEN **BEFORE** APPLYING TO THE WORK-SHARING PROGRAM AND EXPLAIN RESULTS OF THESE ACTIONS. (YOU MAY INCLUDE ADDITIONAL DOCUMENTATION TO ANSWER THIS QUESTION):

26. IS THE WORK SHORTAGE DUE TO EITHER A LABOUR DISPUTE, CYCLICAL SLOWDOWN (E.G., SEASONAL), AND/OR BUSINESS RESTRUCTURING?

◯ YES ◯ NO

IF YES, PROVIDE EXPLANATION BELOW:

27. DESCRIBE IN DETAIL EACH OF THE PROPOSED RECOVERY MEASURES YOUR BUSINESS WILL UNDERTAKE **DURING** THE PERIOD OF THE WORK-SHARING AGREEMENT TO RETURN TO YOUR NORMAL LEVEL OF BUSINESS ACTIVITY. YOUR RECOVERY MEASURES MUST BE MEASURABLE, QUANTIFIABLE AND VERIFIABLE (YOU MAY INCLUDE ADDITIONAL DOCUMENTATION TO ANSWER THIS QUESTION):

NOTE: SERVICE CANADA WILL MONITOR THE STATUS OF THESE RECOVERY MEASURES DURING THE AGREEMENT AND RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION AS NEEDED.

PART 3 – WORK-SHARING UNIT INFORMATION

A WORK-SHARING UNIT INCLUDES ALL EMPLOYEES IN A SINGLE JOB DESCRIPTION, OR ALL EMPLOYEES WHO PERFORM SIMILAR WORK. MUST HAVE A MINIMUM OF 2 ELIGIBLE EMPLOYEES. YOU MAY HAVE MORE THAN ONE WORK-SHARING UNIT. COMPLETE A SEPARATE ATTACHMENT A FORM FOR EACH WORK-SHARING UNIT (EMP5101).

28. AVERAGE GROSS WEEKLY EARNINGS PER WORK-SHARING UNIT (INCLUDE ADDITIONAL INCOME PER WORK-SHARING UNIT WHEN CALCULATING EARNINGS: BONUSES, TIPS, ETC.). PROVIDE THIS INFORMATION FOR EACH WORK-SHARING UNIT IF MORE THAN ONE USING THE FORMULA.

29. THE SHORTAGE OF WORK IS EXPECTED TO BE:

◯ TEMPORARY

◯ PERMANENT

30. NUMBER OF EMPLOYEES TO BE LAID OFF FROM THE WORK-SHARING UNIT(S) IF WORK-SHARING AGREEMENT IS NOT APPROVED (ANTICIPATED):

- TOTAL EMPLOYEE LAYOFFS (99,999) _____
- LAYOFFS PER WORK-SHARING UNIT (99,999) _____

31. NUMBER OF WEEKS OF LAYOFFS FROM THE WORK-SHARING UNIT(S) SHOULD WORK-SHARING NOT BE APPROVED (ANTICIPATED) (999):

32. NUMBER OF ELIGIBLE EMPLOYEES PARTICIPATING IN WORK-SHARING (MUST MATCH THE LIST OF EMPLOYEES ON ATTACHMENT A EMP5101) (99,999):

33. ARE MULTIPLE LOCATIONS IMPACTED BY THE SAME WORK SHORTAGE?

◯ YES ◯ NO

NOTE: ADDRESS MUST MATCH EACH ATTACHMENT A WORK-SHARING UNIT ADDRESS FOR MULTIPLE LOCATIONS.

34. ARE THERE EMPLOYEES WHO WILL NOT PARTICIPATE IN WORK-SHARING WHO PERFORM THE SAME JOB DUTIES AS THOSE PARTICIPATING?

◯ YES ◯ NO

IF YES, SPECIFY THE REASON WHY THEY WERE NOT INCLUDED IN THE WORK-SHARING UNIT:

35 a. DO ANY PARTICIPANTS IN THE WORK-SHARING UNIT(S) HAVE GREATER THAN 40% OF SHARES/OWNERSHIP OF THE BUSINESS?

◯ YES ◯ NO

35 b. ARE ANY PARTICIPANTS IN THE WORK-SHARING UNIT(S): SALES EMPLOYEES, SPECIALIZED EMPLOYEES ENGAGED IN PRODUCT DEVELOPMENT, MARKETING AGENTS, OR SENIOR MANAGEMENT RESPONSIBLE FOR RECOVERY OF THE BUSINESS?

◯ YES ◯ NO

36. DOES YOUR BUSINESS HAVE ANY PLANNED SHUTDOWNS?

PLANNED SHUTDOWN ◯ YES ◯ NO IF YES, INDICATE START AND END DATE FOR EACH SHUTDOWN BELOW

START DATE(S) (YYYY-MM-DD): _____ END DATE(S) (YYYY-MM-DD): _____

REASONS FOR SHUTDOWN:

NOTE: PLANNED SHUTDOWN MUST NOT EXCEED 4 WEEKS. SHUTDOWNS DO NOT EXTEND A WORK-SHARING AGREEMENT AND MUST BE APPROVED IN ADVANCE.

37. HOW MANY HOURS/DAYS/SHIFTS OF WORK PER WEEK CAN YOU OFFER EACH EMPLOYEE DURING THE WORK-SHARING AGREEMENT (99)?

38. WHAT IS THE PERCENTAGE REDUCTION IN EMPLOYEE HOURS PER WORK-SHARING UNIT (MINIMUM OF 10% AND MAXIMUM OF 60%)?

PART 4 – AMENDMENT

39. DESCRIBE THE REQUESTED CHANGE TO THE AGREEMENT AND THE REASON FOR THE CHANGE. PLEASE ATTACH A REVISED ATTACHMENT A EMP5101 WHEN THERE ARE REQUESTED CHANGES SUCH AS ADDITIONS, DELETIONS AND/OR SUBSTITUTIONS TO THE WORK-SHARING UNIT OR REPRESENTATIVE (PLEASE INCLUDE THE PROPOSED DATE FOR EACH REVISION):

☐ ADDITIONS, DELETIONS OR SUBSTITUTIONS

☐ OTHER (E.G., CHANGE TO LEGAL NAME OR ANY REPRESENTATIVE, WORK SCHEDULES OR SHUTDOWNS)

☐ EXTENSION (COMPLETE ALL PARTS OF APPLICATION)
NOTE: SUBMIT EXTENSION APPLICATION PACKAGE AT LEAST 4 WEEKS PRIOR TO ORIGINAL DATE OF EXPIRY OF WORK-SHARING AGREEMENT

☐ EARLY TERMINATION DATE (YYYY-MM-DD): _____

PLEASE SPECIFY:

PROPOSED DATE FOR EACH REVISION (YYYY-MM-DD): _____

NOTE: YOU CANNOT MAKE CHANGES TO YOUR WORK-SHARING AGREEMENT UNTIL YOU RECEIVE APPROVAL FROM SERVICE CANADA. AMENDMENT REQUEST(S) WILL BE CONSIDERED RECEIVED UPON RECEIPT, ENSURING ALL PARTIES TO THE AGREEMENT HAVE BEEN NOTIFIED OF THE REQUESTED CHANGES.

PART 5 – ATTESTATIONS

☐ **BY CHECKING THIS BOX, THE EMPLOYER ATTESTS THAT THEY HAVE EXPERIENCED A MINIMUM 10% REDUCTION IN THEIR BUSINESS ACTIVITIES WITHIN THE LAST SIX MONTHS TO ESTABLISH A NEED FOR THE WORK-SHARING PROGRAM. SUPPORTING DOCUMENTATION (E.G., SALES/PRODUCTION FIGURES) TO DEMONSTRATE THE 10% REDUCTION IN BUSINESS ACTIVITY MUST BE PROVIDED UPON REQUEST.**

BY SUBMITTING THIS APPLICATION, THE EMPLOYER, EMPLOYEE REPRESENTATIVE AND/OR UNION REPRESENTATIVE CONFIRM THAT THEY HAVE READ THE BELOW TERMS AND UNDERSTAND, ACCEPT AND WILL COMPLY WITH ALL REQUIREMENTS AS SPECIFIED IN THE *EMPLOYMENT INSURANCE ACT*, *EMPLOYMENT INSURANCE REGULATIONS* AND WORK-SHARING PROGRAM WEBSITE.

THE EMPLOYER AGREES TO PROVIDE SUCH DOCUMENTATION AS MAY BE REQUIRED BY THE CANADA EMPLOYMENT INSURANCE COMMISSION, INCLUDING COPIES OF SALES/PRODUCTION FIGURES AND PAYROLL RECORDS, FOR THE PURPOSE OF VERIFYING THE INFORMATION PROVIDED ON THIS FORM AND TO ASSESS THE APPLICATION.

THE EMPLOYER, EMPLOYEE REPRESENTATIVE AND/OR UNION REPRESENTATIVE UNDERSTAND THAT ALL OF THEIR EMPLOYEES PARTICIPATING IN WORK-SHARING MUST EXPERIENCE A MINIMUM 10% REDUCTION IN THEIR NORMAL WEEKLY EARNINGS DUE TO REDUCTION IN AVAILABLE WORK.

THE EMPLOYER, EMPLOYEE REPRESENTATIVE AND/OR UNION REPRESENTATIVE HEREBY MAKE APPLICATION FOR APPROVAL BY THE COMMISSION OF THEIR WORK-SHARING PROJECT IN ACCORDANCE WITH SECTION 24 OF THE *EMPLOYMENT INSURANCE ACT* AND SECTIONS 42 TO 49 OF THE *EMPLOYMENT INSURANCE REGULATIONS,* BUT AGREE THAT THE PREPARATION AND FILING OF THIS APPLICATION DOES NOT CREATE ANY OBLIGATION ON THE PART OF THE EMPLOYER/EMPLOYER REPRESENTATIVE, THE EMPLOYEE REPRESENTATIVE AND/OR UNION REPRESENTATIVE OR THE CANADA EMPLOYMENT INSURANCE COMMISSION.

SUBJECT TO THE TERMS OF THE WORK-SHARING AGREEMENT, ALL INFORMATION CONTAINED IN THIS APPLICATION PROVIDED BY THE EMPLOYER/EMPLOYER REPRESENTATIVE, EMPLOYEE REPRESENTATIVE AND/OR UNION REPRESENTATIVE WILL BE TREATED AS CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LEGISLATION AND USED SOLELY FOR THE PURPOSE OF DETERMINING ELIGIBILITY UNDER THE WORK-SHARING INITIATIVE OF THE WORK-SHARING PROJECT DESCRIBED IN THIS APPLICATION, AND IN SUPPORT OF RESEARCH AND STATISTICAL GATHERING ACTIVITIES.

IT IS UNDERSTOOD THAT DELIBERATELY GIVING FALSE OR MISLEADING INFORMATION FOR THE PURPOSE OF ENTERING INTO A WORK-SHARING AGREEMENT SHALL BE SUBJECT TO THE PENALTIES AS PROVIDED UNDER THE *EMPLOYMENT INSURANCE ACT*.

THE COMPLETED APPLICATION PACKAGE (FORMS EMP5100 AND EMP5101) MUST BE SENT TO THE RESPECTIVE REGIONAL WORK-SHARING UNIT INCLUDING AN E-MAIL CONFIRMATION FROM EACH OF THE REPRESENTATIVES (NAMED BELOW) AGREEING TO THE CONTENT OF THE APPLICATION AND THE TERMS AND CONDITIONS OF THE PROGRAM.

NOTE: MISSING OR INCOMPLETE APPLICATION INFORMATION WILL DELAY ASSESSMENT OF THE APPLICATION AND MAY DELAY THE REQUESTED START DATE.

FOR THE EMPLOYER, EMPLOYER REPRESENTATIVE	LEGAL NAME (PRINT NAME)	DATE (YYYY-MM-DD)
FOR THE EMPLOYER, EMPLOYER REPRESENTATIVE (SECONDARY – OPTIONAL)	LEGAL NAME (PRINT NAME)	DATE (YYYY-MM-DD)
FOR THE EMPLOYEES, PRIMARY EMPLOYEE REPRESENTATIVE	LEGAL NAME (PRINT NAME)	DATE (YYYY-MM-DD)
FOR THE EMPLOYEES, EMPLOYEE REPRESENTATIVE (SECONDARY – OPTIONAL)	LEGAL NAME (PRINT NAME)	DATE (YYYY-MM-DD)
FOR THE EMPLOYEES, UNION REPRESENTATIVE	LEGAL NAME (PRINT NAME)	DATE (YYYY-MM-DD)

A WORK-SHARING UNIT ATTACHMENT A FORM EMP5101 LISTING ALL EMPLOYEES IN THE WORK-SHARING UNIT(S) MUST BE SUBMITTED ALONG WITH THIS COMPLETED APPLICATION FORM. PLEASE USE ONE EMP5101 FORM PER WORK-SHARING UNIT. PLEASE USE ADDITIONAL FORMS AS REQUIRED.

PRIVACY NOTICE STATEMENT

WE RESPECT YOUR PRIVACY AND ARE COMMITTED TO PROTECTING YOUR PERSONAL INFORMATION.

AUTHORITY: YOUR PERSONAL INFORMATION IS COLLECTED UNDER THE *EMPLOYMENT INSURANCE ACT* AND *EMPLOYMENT INSURANCE REGULATIONS* TO ADMINISTER THE WORK-SHARING PROGRAM.

PURPOSE: THE INFORMATION YOU PROVIDE WILL BE USED TO DETERMINE ELIGIBILITY FOR A WORK-SHARING AGREEMENT AND TO AID IN FACILITATING EMPLOYMENT INSURANCE BENEFITS FOR PARTICIPATING EMPLOYEES.

USES AND DISCLOSURES: YOUR INFORMATION MAY BE SHARED WITHIN EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA (ESDC) AND WITH THE CANADA EMPLOYMENT INSURANCE COMMISSION FOR PROGRAM ADMINISTRATION, MONITORING, AND COMPLIANCE. IT MAY ALSO BE USED FOR POLICY ANALYSIS, RESEARCH, AND STATISTICAL PURPOSES IN ACCORDANCE WITH THE *PRIVACY ACT*.

PERSONAL INFORMATION BANK: YOUR INFORMATION IS STORED IN PERSONAL INFORMATION BANK ESDC PPU 295.

YOUR RIGHTS: YOU HAVE THE RIGHT TO ACCESS AND CORRECT YOUR PERSONAL INFORMATION. FOR DETAILS, CONSULT THE *PRIVACY ACT* OR CONTACT ESDC'S ACCESS TO INFORMATION AND PRIVACY COORDINATOR.

COMPLAINTS: IF YOU ARE NOT SATISFIED WITH HOW YOUR PERSONAL INFORMATION IS HANDLED, YOU MAY FILE A COMPLAINT WITH THE OFFICE OF THE PRIVACY COMMISSIONER OF CANADA.