



APPLICATION FOR A WORK-SHARING AGREEMENT

GENERAL INFORMATION		(TO BE COMPLETED BY THE EMPLOYER)
IF YOUR BUSINESS IS CURRENTLY CLOSED AS A RESULT OF COVID-19, PLEASE APPLY WHEN YOU HAVE A START DATE FOR RE-OPENING AND RETURNING TO WORK.		
<p>1. TYPE OF APPLICATION</p> <p><input type="checkbox"/> INITIAL (UP TO 76 WEEKS)</p> <p>IF YOU ARE SUBMITTING A REQUEST FOR AN AMENDMENT, ONLY FILL OUT PART 1 (EMPLOYER INFORMATION) AND 4 (AMENDMENT)</p> <p><input type="checkbox"/> FOR AN EXTENSION (50 WEEKS)</p> <p><input type="checkbox"/> FOR AN EXTENSION (38 WEEKS)</p> <p><input type="checkbox"/> FOR AN EXTENSION TO ADD/REMOVE PARTICIPANTS TO THE WORK-SHARING UNIT INCLUDE UPDATED ATTACHMENT A (EMP5101)</p> <p>MANDATORY:</p> <p>Start and End date of the Work-Sharing agreement (must start on a Sunday and end on a Saturday):</p> <p>_____ to : _____ = _____</p> <p>(TOTAL NUMBER OF WEEKS MUST BE BETWEEN 6 AND 76 WEEKS).</p> <p><small>*Application should be submitted to Service Canada for processing at least 10 business days prior to the start date of the agreement and please note that retroactivity is not possible under the Work-Sharing Program.</small></p>	<p>2. PREVIOUS AGREEMENT NUMBER AND END DATE (IF APPLICABLE)</p> <hr/> <p>3. HAS YOUR COMPANY SUBMITTED ONE OR MORE APPLICATIONS TO ANY OTHER PROCESSING CENTRES? IF YES, PLEASE INDICATE WHERE IT HAS BEEN SUBMITTED:</p> <p><input type="checkbox"/> ATLANTIC PROVINCES</p> <p><input type="checkbox"/> QUEBEC</p> <p><input type="checkbox"/> ONTARIO</p> <p><input type="checkbox"/> WESTERN CANADA AND TERRITORIES</p>	
PART 1 - EMPLOYER INFORMATION		(TO BE COMPLETED BY THE EMPLOYER)
4. NAME OF EMPLOYER	5. DATE BUSINESS ESTABLISHED IN CANADA YYYY - MM - DD	
6. LEGAL NAME OF EMPLOYER	7. STREET ADDRESS	
8. CITY/TOWN	9. PROVINCE/TERRITORY	10. POSTAL CODE
11. MAILING ADDRESS (IF DIFFERENT FROM EMPLOYER ADDRESS)		
STREET ADDRESS	CITY/TOWN	PROVINCE/TERRITORY POSTAL CODE
12. AREA CODE/TELEPHONE NUMBER	13. AREA CODE/FAX NUMBER	14. E-MAIL ADDRESS
15. WEB SITE (IF APPLICABLE)		16. CANADA REVENUE AGENCY 15-DIGIT BUSINESS NUMBER
17. NAME OF EMPLOYER REPRESENTATIVE		
E-MAIL ADDRESS		TELEPHONE NUMBER
18. NAME OF EMPLOYEE REPRESENTATIVE <input type="checkbox"/> N/A		
E-MAIL ADDRESS		TELEPHONE NUMBER
(THE NAME ALSO NEEDS TO BE ADDED TO ATTACHMENT A (EMP5101))		
19. NAME OF UNION REPRESENTATIVE <input type="checkbox"/> N/A		
E-MAIL ADDRESS		TELEPHONE NUMBER
(THE NAME ALSO NEEDS TO BE ADDED TO ATTACHMENT A (EMP5101))		
PART 2 - ADDITIONAL INFORMATION		(TO BE COMPLETED BY THE EMPLOYER)
20. DESCRIPTION OF BUSINESS – TYPES OF GOODS\PRODUCTS	21. ARE YOUR EMPLOYEES:	22. TOTAL NUMBER OF EMPLOYEES AT THIS LOCATION
	<input type="checkbox"/> UNIONIZED; AND/OR <input type="checkbox"/> NON-UNIONIZED	
23. NAME OF BOOKKEEPER OR ACCOUNTANT, AREA CODE/TELEPHONE NUMBER		
BOOKKEEPER OR ACCOUNTANT	AREA CODE/TELEPHONE NUMBER	
24. IS THE LAYOFF OR WORK SHORTAGE DUE TO A LABOUR DISPUTE IN YOUR ESTABLISHMENT, WITH A CUSTOMER, OR SUPPLIER ESTABLISHMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. WHAT MEASURES WILL YOUR BUSINESS BE UNDERTAKING DURING THE PERIOD OF THE AGREEMENT (EXAMPLES: MARKETING, ADVERTISEMENT, COST-CUTTING MEASURES, PRODUCTS DEVELOPMENT, INCENTIVES TO CLIENTS, OTHERS)		

PART 3 - WORK-SHARING UNIT INFORMATION		(TO BE COMPLETED BY THE EMPLOYER)
26. AVERAGE WEEKLY EARNINGS PER WORK-SHARING UNIT (INCLUDE ADDITIONAL INCOME PER WORK-SHARING UNIT WHEN CALCULATING EARNINGS (BONUSES, TIPS, ETC))		27. THE SHORTAGE OF WORK IS EXPECTED TO BE: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT
28. NUMBER OF EMPLOYEES TO BE LAID OFF TEMPORARILY SHOULD WORK-SHARING NOT BE APPROVED (ANTICIPATED)	29. NUMBER OF WEEKS OF TEMPORARY LAYOFF SHOULD WORK-SHARING NOT BE APPROVED (ANTICIPATED)	
30. NUMBER OF EMPLOYEES PARTICIPATING IN THE WORK-SHARING PROGRAM INCLUDING ANY EMPLOYEES WHO WERE RECENTLY LAID-OFF (MUST MATCH THE LIST OF EMPLOYEES IN ATTACHMENT A (EMP5101))	31. ARE THERE OTHER COMPANY EMPLOYEES WHO WILL NOT BE PARTICIPATING IN WORK-SHARING, BUT WHO PERFORM THE SAME JOB DUTIES AS THOSE PARTICIPATING IN THE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, SPECIFY THE REASON WHY EMPLOYEE(S) WERE NOT INCLUDED IN THE WORK-SHARING UNIT:	32. WILL ANY EMPLOYEE(S) WITH GREATER THAN 40% OF SHARES/ OWNERSHIP OF THE BUSINESS BE INCLUDED IN THE WORK-SHARING UNIT? <input type="checkbox"/> Yes <input type="checkbox"/> No
33. DOES YOUR BUSINESS HAVE ANY PLANNED SHUT DOWNS (MAINTENANCE SHUT DOWNS, YEAR-END SHUT DOWNS)? PLEASE NOTE THAT PLANNED SHUT DOWNS SHOULD NOT EXCEED 4 WEEKS. PLANNED SHUT DOWN: <input type="checkbox"/> Yes <input type="checkbox"/> No OVER OR UNDER 4 WEEKS: <input type="checkbox"/> OVER <input type="checkbox"/> UNDER <div style="display: flex; justify-content: space-around; align-items: center;"> YYYY - MM - DD TO YYYY - MM - DD </div> IF YES, WHEN?		
34. APPROXIMATELY HOW MANY HOURS/DAYS/SHIFTS OF WORK PER WEEK CAN YOU OFFER EACH EMPLOYEE WHILE THEY PARTICIPATE IN THE WORK-SHARING PROGRAM?		
35. WHAT IS THE PERCENTAGE OF REDUCTION IN WORKS HOURS FOR EMPLOYEES PER WORK-SHARING UNIT (MINIMUM OF 10% AND MAXIMUM OF 60%):		
PART 4 - AMENDMENT		(TO BE COMPLETED BY THE EMPLOYER)
36. DESCRIBE THE REQUESTED CHANGE TO THE AGREEMENT AND THE REASON FOR THE CHANGE (PLEASE ATTACH A REVISED ATTACHMENT A (EMP5101) WHEN CHANGES ADDITIONS OR DELETIONS ARE BEING MADE TO THE WORK-SHARING UNIT. PLEASE DATE EACH REVISION): PROPOSED DATE OF AMENDMENT CHANGE		
<p>SUBJECT TO THE TERMS OF THE WORK-SHARING AGREEMENT, ALL INFORMATION CONTAINED IN THIS APPLICATION PROVIDED BY THE EMPLOYER, THE UNION OR UNIONS OR EMPLOYEE REPRESENTATIVES 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.</p> <p>THE EMPLOYER AGREES TO PROVIDE SUCH DOCUMENTATION AS MAY BE REQUIRED BY THE CANADA EMPLOYMENT INSURANCE COMMISSION (COMMISSION), INCLUDING COPIES OF PAYROLL RECORDS, FOR THE PURPOSE OF VERIFYING THE INFORMATION PROVIDED ON THIS FORM.</p> <p>THE EMPLOYER AND THE UNIONS OR EMPLOYEE REPRESENTATIVES 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 - 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, THE UNIONS, THE EMPLOYEE REPRESENTATIVES OR THE CANADA EMPLOYMENT INSURANCE COMMISSION.</p> <p>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.</p>		

FOR THE EMPLOYER	NAME (PRINT NAME)	DATE YYYY - MM - DD
FOR THE UNION REPRESENTATIVE (IF APPLICABLE)	NAME (PRINT NAME)	DATE YYYY - MM - DD
FOR THE EMPLOYEES REPRESENTATIVE (IF APPLICABLE)	NAME (PRINT NAME)	DATE YYYY - MM - DD
<p>AN ATTACHMENT A (EMP 5101) LISTING ALL EMPLOYEES IN THE WORK-SHARING UNIT(S) MUST BE SUBMITTED ALONG WITH THIS APPLICATION FORM. PLEASE USE ONE EMP5101 BY WORK-SHARING UNIT. IF ONE FORM IS NOT ENOUGH PLEASE USE AS MANY COPIES OF THIS FORM AS REQUIRED TO COMPLETE THE WORK-SHARING UNIT INFORMATION.</p>		