



APPLICATION FOR A WORK-SHARING AGREEMENT

GENERAL INFORMATION

WORK-SHARING IS AN ADJUSTMENT PROGRAM DESIGNED TO HELP EMPLOYERS AND EMPLOYEES AVOID LAYOFFS WHEN THERE IS A TEMPORARY REDUCTION IN THE NORMAL LEVEL OF BUSINESS ACTIVITY RESULTING FROM FACTORS BEYOND THE EMPLOYER'S CONTROL (NOT DUE TO SEASONAL SLOWDOWN, BUSINESS RESTRUCTURING OR A LABOUR DISPUTE).

EMPLOYERS MUST HAVE EXPERIENCED A MINIMUM 10% REDUCTION IN THEIR BUSINESS ACTIVITIES WITHIN THE LAST SIX MONTHS.

<p>1. TYPE OF APPLICATION</p> <p><input type="checkbox"/> WORK-SHARING AGREEMENT (BETWEEN 6 AND 26 WEEKS)</p> <p>AMENDMENT (COMPLETE PART 1 AND PART 4)</p> <p><input type="radio"/> TO A WORK-SHARING UNIT (ADDITIONS, DELETIONS OR SUBSTITUTIONS)</p> <p><input type="radio"/> AGREEMENT EXTENSION</p> <p><input type="radio"/> OTHER (E.G.: CHANGE TO LEGAL NAME OR REPRESENTATIVES, WORK SCHEDULES OR SHUTDOWNS)</p> <p>PLEASE SPECIFY: _____</p> <p>MANDATORY: START AND END DATE OF THE WORK-SHARING AGREEMENT (MUST START ON A SUNDAY AND END ON A SATURDAY):</p> <p>START DATE (YYYY - MM - DD) END DATE (YYYY - MM -DD) TOTAL NUMBER OF WEEKS</p> <p>_____</p> <p>(TOTAL NUMBER OF WEEKS MUST BE BETWEEN 6 AND 26 WEEKS)</p> <p>SUBMIT COMPLETE APPLICATION PACKAGE AT LEAST 10 BUSINESS DAYS PRIOR TO THE REQUESTED START DATE. RETROACTIVE START DATE AND CHANGES ARE NOT POSSIBLE UNDER THE WORK-SHARING PROGRAM.</p>	<p>2. PREVIOUS AGREEMENT NUMBER (IF APPLICABLE)</p> <hr/> <p>END DATE (YYYY - MM - DD)</p> <hr/> <p>3. IF YOUR COMPANY SUBMITTED ONE OR MORE APPLICATIONS TO OTHER PROCESSING CENTRES, PLEASE INDICATE WHERE IT HAS BEEN SUBMITTED:</p> <p><input type="radio"/> ATLANTIC PROVINCES</p> <p><input type="radio"/> QUEBEC</p> <p><input type="radio"/> ONTARIO</p> <p><input type="radio"/> WESTERN CANADA AND TERRITORIES</p>
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PART 1 - EMPLOYER INFORMATION

4. OPERATING NAME OF THE EMPLOYER	5. DATE BUSINESS ESTABLISHED IN CANADA (YYYY- MM - DD)		
6. LEGAL NAME OF EMPLOYER	7. LEGAL ADDRESS OF THE EMPLOYER (AS REGISTERED WITH THE CANADA REVENUE AGENCY)		
8. CITY/TOWN	9. PROVINCE/TERRITORY	10. POSTAL CODE	
11. MAILING ADDRESS (IF DIFFERENT FROM THE EMPLOYER LEGAL ADDRESS)			
STREET ADDRESS	CITY/TOWN	PROVINCE/TERRITORY	POSTAL CODE
12. TELEPHONE NUMBER (10 DIGITS)	13. FACSIMILE NUMBER (10-DIGITS)	14. BUSINESS E-MAIL ADDRESS	
15. BUSINESS WEBSITE URL (IF APPLICABLE)		16. CANADA REVENUE AGENCY BUSINESS NUMBER (15-CHARACTER PAYROLL ACCOUNT NUMBER)	
17. EMPLOYER REPRESENTATIVE			
NAME			
E-MAIL ADDRESS		TELEPHONE NUMBER (10 DIGITS)	
18. EMPLOYEE REPRESENTATIVE			
NAME			
E-MAIL ADDRESS		TELEPHONE NUMBER (10 DIGITS)	
(THE NAME ALSO NEEDS TO BE ADDED TO ATTACHMENT A EMP5101)			
19. UNION REPRESENTATIVE (IF APPLICABLE)			
NAME			
E-MAIL ADDRESS		TELEPHONE NUMBER (10 DIGITS)	
(THE NAME ALSO NEEDS TO BE ADDED TO ATTACHMENT A EMP5101)			

PART 2 - ADDITIONAL INFORMATION

20. DESCRIPTION OF BUSINESS – TYPES OF PRODUCTS/SERVICES OFFERED	21. ARE YOUR EMPLOYEES: <input type="radio"/> UNIONIZED; AND/OR <input type="radio"/> NON-UNIONIZED	22. TOTAL NUMBER OF WORK-SHARING EMPLOYEES NUMBER OF EMPLOYEES _____ <input type="checkbox"/> MULTIPLE LOCATIONS
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23. PAYROLL ADMINISTRATOR (WILL ISSUE RECORDS OF EMPLOYMENT AND SUBMIT WEEKLY UTILIZATION REPORTS)

NAME _____

E-MAIL ADDRESS _____ TELEPHONE NUMBER (10 DIGITS) _____

24. WHAT EVENT(S) OR FACTOR(S) HAVE LED YOUR BUSINESS TO APPLY TO THE WORK-SHARING PROGRAM? (YOU MAY ATTACH ADDITIONAL PIECES OF PAPER TO ANSWER THIS QUESTION)

25. IS THE WORK SHORTAGE DUE TO:

A LABOUR DISPUTE IN YOUR ESTABLISHMENT, WITH A CUSTOMER OR A SUPPLIER? YES NO

A SEASONAL SLOWDOWN? YES NO

A BUSINESS RESTRUCTURING? YES NO

26. WHAT RECOVERY MEASURES WILL YOUR BUSINESS BE UNDERTAKING DURING THE PERIOD OF THE AGREEMENT? (E.G.: MARKETING, ADVERTISING, COST-CUTTING MEASURES, PRODUCT DEVELOPMENT, INCENTIVES TO CLIENTS, OTHER, ETC.)

RECOVERY MEASURES:

PLEASE PROVIDE A BRIEF EXPLANATION FOR EACH MEASURE (YOU MAY ATTACH SEPARATE PIECES OF PAPER TO ANSWER THIS QUESTION IF REQUIRED):

PLEASE NOTE THAT THE DEPARTMENT WILL FOLLOW UP ON 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

27. AVERAGE WEEKLY EARNINGS PER WORK-SHARING UNIT (INCLUDE ADDITIONAL INCOME PER WORK-SHARING UNIT WHEN CALCULATING EARNINGS: BONUSES, TIPS, ETC.)	28. THE SHORTAGE OF WORK IS EXPECTED TO BE: <input type="radio"/> TEMPORARY <input type="radio"/> PERMANENT
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29. NUMBER OF EMPLOYEES TO BE LAID OFF TEMPORARILY SHOULD WORK-SHARING NOT BE APPROVED (ANTICIPATED)	30. NUMBER OF WEEKS OF TEMPORARY LAYOFFS SHOULD WORK-SHARING NOT BE APPROVED (ANTICIPATED)
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31. NUMBER OF EMPLOYEES PARTICIPATING IN WORK-SHARING INCLUDING ANY EMPLOYEES WHO WERE RECENTLY LAID-OFF (MUST MATCH THE LIST OF EMPLOYEES IN ATTACHMENT A EMP5101)	32. ARE THERE OTHER EMPLOYEES WHO WILL NOT BE PARTICIPATING IN WORK-SHARING, BUT WHO PERFORM THE SAME JOB DUTIES AS THOSE PARTICIPATING IN THE PROGRAM? <input type="radio"/> YES <input type="radio"/> NO IF YES, SPECIFY THE REASON WHY THEY WERE NOT INCLUDED IN THE WORK-SHARING UNIT:	33. WILL ANY EMPLOYEE(S) WITH GREATER THAN 40% OF SHARES/ OWNERSHIP OF THE BUSINESS BE INCLUDED IN THE WORK-SHARING UNIT? <input type="radio"/> YES <input type="radio"/> NO
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34. DOES YOUR BUSINESS HAVE ANY PLANNED SHUTDOWN (MAINTENANCE SHUTDOWN, YEAR-END SHUTDOWN)? PLEASE NOTE THAT PLANNED SHUTDOWN MUST NOT EXCEED 4 WEEKS.

PLANNED SHUTDOWN YES NO

DATE (YYYY - MM - DD) _____ DATE (YYYY - MM - DD) _____

IF YES, WHEN? _____ TO _____

35. HOW MANY HOURS/DAYS/SHIFTS OF WORK PER WEEK CAN YOU OFFER EACH EMPLOYEE, APPROXIMATELY WHILE THEY PARTICIPATE IN THE WORK-SHARING PROGRAM?

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

PART 4 - AMENDMENT

37. DESCRIBE THE REQUESTED CHANGE TO THE AGREEMENT AND THE REASON FOR THE CHANGE. PLEASE ATTACH A REVISED [ATTACHMENT A EMP5101](#) WHEN THERE ARE CHANGES SUCH AS: ADDITIONS, DELETIONS OR SUBSTITUTIONS ARE BEING MADE TO THE WORK-SHARING UNIT OR EMPLOYEE/UNION REPRESENTATIVE (PLEASE DATE EACH REVISION):

ADDITIONS, DELETIONS OR SUBSTITUTIONS

AGREEMENT EXTENSION

OTHER (E.G: CHANGE TO LEGAL NAME OR REPRESENTATIVES, WORK SCHEDULES OR SHUTDOWNS)

PLEASE SPECIFY: _____

PROPOSED DATE OF CHANGE _____ (NEEDS TO BE APPROVED BY SERVICE CANADA BEFORE IMPLEMENTING)

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.

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 - 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 EMAIL CONFIRMATION FROM EACH OF THE REPRESENTATIVES (NAMED BELOW) AGREEING TO THE CONTENT OF THE APPLICATION AND THE TERMS AND CONDITIONS OF THE PROGRAM.

FOR THE EMPLOYER, EMPLOYER REPRESENTATIVE	NAME (PRINT NAME)	DATE (YYYY - MM - DD)
FOR THE EMPLOYEES, EMPLOYEE REPRESENTATIVE (IF APPLICABLE)	NAME (PRINT NAME)	DATE (YYYY - MM - DD)
FOR THE EMPLOYEES, UNION REPRESENTATIVE (IF APPLICABLE)	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.