

Iowa Workforce Development

Email Address: vswclaims@iwd.iowa.gov

Voluntary Shared Work (VSW) Plan Application

Employer Information

Plan Number

All Unemployment Insurance taxes must be current before participation in the VSW program can be approved.

1. Employer Name		2. Employer Account Number (8 digits)	
3. Address (Street or P.O. Box)		City	State Zip Code
4. Email Address		5. Phone Number (Include Area Code)	
If the business location, the name of company or the subsidiary where the work sharing will occur is different than above, please complete the next items 6 - 8.		6. Employer Name	
7. Address (Street or P.O. Box)		City	State Zip Code
8. Phone Number (Include Area Code)	9. Employer Contact Name		10. Total Number of Affected Workers
11. How did you hear about the VSW program?		12. The employer must certify the plan will not affect health and retirement benefits.	
<input type="checkbox"/> From the an IowaWORKS office <input type="checkbox"/> From other employer(s) <input type="checkbox"/> VSW promotional mailing <input type="checkbox"/> Information provided on MyIowaUI		<input type="checkbox"/> Other Website (please provide website address) <input type="checkbox"/> Other (please describe)	
		Will the reduction in hours affect participating employees' fringe benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain:	
13. Program to Reduce Hours by:	14. Expected start date for reduced work: (MM/DD/YYYY)	15. Expected duration of reduced work: Weeks: End Date (MM/DD/YYYY)	
16. Estimated number of layoffs to occur with no VSW program participation.		17. Original workforce size:	
18. Are any employees who will participate in this VSW plan covered by a collective bargaining agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", the collective bargaining agent must complete and sign the collective bargaining information section below.</i>			

Please fill in the table of information below with the requested data for all affected full time and part time employees (seasonal employees not included). If identifying more than one affected work unit, submit the subsequent work unit(s) data on a separate piece of paper following the same table layout provided below.

19. Name of Work Unit	Number of Employees Working	Number of Employees Reduced	Percent of Employees Reduced	Hours Reduced (20% minimum - 50% maximum)	
				Original %:	Reduced %:
			%	100 %	%

I understand every week during the time the VSW program is in effect, I will be responsible for providing to Iowa Workforce Development a record of the hours worked by each employee. I certify the implementation of this VSW plan and the resulting reduction in work hours is in lieu of layoffs that would affect at least 10% of the affected work units(s). I will not hire new part-time or full-time employees for the affected unit(s) during the time the VSW plan is in effect. The employer will provide notice to employees participating in the Voluntary Shared Work Program. The employer must certify the Voluntary Shared Work Program will meet all Federal and State laws.

20. Employer Representative (Print)	21. Employer Representative (Signature)
22. Title	23. Date (MM/DD/YYYY)

Collective Bargaining Information

24. Union Name	25. Local Number	26. Union Official
27. Title of Official	28. Signature	29. Date (MM/DD/YYYY)

Returning the VSW Plan Application

Once this form is completed, please print, sign and submit by email to vswclaims@iwd.iowa.gov or fax to 515-281-7695

Iowa Workforce Development

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**Voluntary Shared Work (VSW) Application
(Supplemental Part 2)**

Please fill in the table of information below with the requested information. If including more than one work unit, submit the subsequent work unit(s) information on a separate piece of paper following the same table layout provided below.

19. Name of Work Unit (continued)	Number of Employees Working	Number of Employees Reduced	Percent of Employees Reduced	Hours Reduced (20% minimum - 50% maximum)	
				Original %:	Reduced %:
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %
			%	100	% %

Comments:

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