

WORK-SHARING EMPLOYER INSTRUCTION PACKAGE

An adjustment program of Human Resources and Social Development Canada delivered through Service Canada

INSTRUCTION & INFORMATION PACKAGE

This package contains instructions and helpful information you will need in order to maintain the Work-Sharing Agreement. **DO NOT** discard this package as you may need it throughout the term of the agreement. It includes the following:

- Instructions on completing the Records of Employment
- Instructions on completing the Bi-Weekly Reporting Cards (**these will be sent directly to the employee within three weeks of signing the Agreement**)
- Instructions on completing the Utilization Report (attached)
- Other important information regarding separations, lay-offs and extensions

Please follow these instructions and submit the required report cards and Utilization reports. Submission on a timely basis will result in quicker processing.

It is important that this package be given to the person(s) responsible for the completion of the required forms, time sheets, etc., as it contains specific instructions as to the completion of the forms.

****Keep this package until your Work-Sharing Agreement expires!**

Records of Employment (ROE)

An ROE must be provided to each employee who will be participating on the Work-Sharing (WS) program.

The ROE forms can be obtained from your local Service Canada Centre.

Questions regarding the following items are frequently raised:

- Item 11 - This box should reflect the last day of work PRIOR to the effective date of the Work-Sharing Agreement. For example, if your Work-Sharing Agreement is effective on Sunday, and your employees work from Monday to Friday, the employees' last day of work would be the Friday BEFORE the week the Work-Sharing Agreement begins.
- Item 16 - The reason for issuing the record should indicate 'H' – Work-Sharing.
- Item 18 - Comments. This box should indicate the number of "Weekly Hours Worked". For example, if an employee works 8 hours / day for 5 days a week his "Weekly Hours Worked" would be 40 hours.

Any questions regarding the completion of the Records of Employment can be directed to your local Service Canada Centre. For those who have Internet access, please visit the national Record of Employment guide Internet site at:

<http://www.hrsdc.gc.ca/en/gateways/business/cluster/category/eiie.shtml>

Bi-weekly Report Cards

- the employee should receive the first set of bi-weekly reporting cards within the first 3 weeks of the Agreement start date;
- Employment Insurance (EI) cards should be sent to the participants' home, never to the employer's address;
- the employer is to provide assistance to WS employees in completing the EI report cards;
- both sides of the card must be completed by each employee;
- the front of each card must be **signed and dated** by the employee;
- sections 'A', 'B', and 'C' on the front of the report card must be filled out by the employee indicating the Work-Sharing employer's address, dates and hours worked, as well as the gross earnings from that employer;
- if the employee has income from other sources (i.e. a part time or second job), section 'F' on the front of the card must be filled out indicating the gross earnings from other employers;
- after the employer has verified sections 'A', 'B', 'C', and the WS hours on the employee's card, the employee can complete Box 'F', place the card in the envelope provided and have the employer send it with the package of cards to Service Canada;
- indicate the total Work-Sharing hours to be paid for each week in block 'D';
- the employee must complete the rest of the card;
- ensure the questions on the back of the card are answered; and
- collect EI cards **from each** participant, regardless if he/she has had WS hours in the two week period. Package and send them to the Service Canada representative for processing.

Family Orders and Agreements Enforcement Assistance Act

The maintenance, alimony or family financial support orders and agreements, when unpaid, are deducted from the Work-Sharing benefits according to the Family Orders and Agreements Enforcement Assistance Act and its Regulations (FOEA).

SAMPLE/MODÈLE - How to complete a report card/Comment remplir une carte de déclaration du prestataire

I declare that the information given on both sides of this form is true and given to prove my entitlement to Employment Insurance Benefit. I am aware that I may be penalized or be liable to prosecution for making false or misleading statements knowingly.

Je déclare que les renseignements fournis des deux côtés de la présente formule sont exacts et ont pour objet d'établir mon droit aux prestations d'assurance-emploi. Je sais que des peines peuvent être imposées ou des poursuites engagées contre moi si je fais sciemment des déclarations fausses ou trompeuses.

Signature _____ Date _____

Complete side 1 first - Remplir côté 1 d'abord

3 SIN - N.A.S. 12 C.E.C.* 15 CW-IS 93 WKS-SEM

Name-Nom: **JANE SMITH** 000-000-000 5912 999 2

CPS/MPS CT-GD 46 QIP-T.P. 51 DDE-1

CPS-SIP		MPS-SMP	
19 \$1	22	19 \$1	22
23 \$2	26		
27 N1		26	
28 N2		27 N2	
29 S/M1		28 OP/TP	
30 S/M2		30 S/M2	
31 FWW		38 41 Amend	
32 FW		42 45	
33 34 MA		46 50 MA	
35,36,39 40,41,44		51	
65 T/F	65	79 83 Amend	
66 H1	65	89 92 year/année	
69 H2	71	94 94 2	

	1ST WEEK - 1ÈRE SEMAINE						2ND WEEK - 2 ^e SEMAINE					
	D-J	M	Y-A	D-J	M	Y-A	D-J	M	Y-A	D-J	M	Y-A
A	Total hours and dates worked Heures totales et dates de travail						Total hours and dates worked Heures totales et dates de travail					
B	Name and address of employer Nom et adresse de l'employeur						Name and address of employer Nom et adresse de l'employeur					
C	Total earnings before deductions Rémunération brute totale						Total earnings before deductions Rémunération brute totale					
D	Training allowance and total hours Allocation de formation en heures totales						Training allowance and total hours Allocation de formation en heures totales					
E	Group sickness / Maternity Insurance Indemnité d'assurance collective						Group sickness / Maternity Insurance Indemnité d'assurance collective					
F	Other monies before deductions Autres sommes brutes totales						Other monies before deductions Autres sommes brutes totales					

The combination of hours worked, Work Sharing (WS) hours and any other time reported under question # 4 must each week equal the normal work week as agreed upon (i.e. 40 hours)/La combinaison d'heures travaillées, d'heures de travail partagé(tp) et tout autre type d'heures indiqué à la question # 4 doit à chaque semaine égaler la semaine normale de travail tel qu'il a été convenu (i.e. 40 heures).
 Example: 23 hrs worked, 1 hr absent, 16 hrs WS = 40 hrs. - Exemple 1: 23 h travaillées, 1 h absent, 16 h tp = 40h
 Example: 16 hrs worked, 8 hrs sick, 16 hrs WS = 40 hrs. - Exemple 2: 16h travaillées, 8 h congé de maladie, 16h tp=40h

Human Resources / Développement des ressources humaines Canada

Protected when completed / Protégé une fois rempli

Answer all the following questions by shading the appropriate block. Provide additional details as requested.

1a Did you work during the period of this report? If "yes" complete A, B and C on side 2. Yes / No

1b If you have stopped working, give reason(s) below. Yes / No

2 Did you start a full time job during the period of this report? Yes / No

3 Did you attend a school or training course during the period of this report? Yes / No

4 Were you ready, willing and capable of working each day? Yes / No

5 Did you or will you receive money other than that already reported in C, D, and E on side 2? Yes / No

DRS APPT, Mar 11: 1HOUR / SICK MAR 18, 8 HOURS

PAID FOR SICK DAY - MAR 18/congé de maladie payé/18 mars

Employer uses this line to show how many hours were missed each week due to the Work Sharing only. EX: If employee missed 16 h due to Work Sharing, write "pay 16 h for that week".
 L'employeur inscrit sur cette ligne le nombre d'heures manquant chaque semaine en raison du travail partagé uniquement. P.ex. s'il manquait 16 heures à l'employé en raison du travail partagé, inscrivez « payer 16 heures pour cette semaine ».

This should always be no while on Work Sharing.
 La case Non devrait toujours être cochée pendant la période de travail partagé.

This could be no due to reasons such as sick, holidays, doctor's appt. etc.
 La case Non pourrait être cochée en raison par exemple d'une maladie, de congés, d'un rendez-vous chez le médecin.

This could be earnings from another employer, W.C.B., holiday pay, paid sick leave etc.
 Il pourrait s'agir d'une rémunération provenant d'un autre employeur, d'une indemnité d'accident du travail, d'un congé de maladie

Utilization Reports

To track the percentage of time that Work-Sharing is utilized, Utilization Reports are to be completed for every two week period commencing on the start date of the Work-Sharing Agreement.

Fill out the following information on the top of the form including name of employer, contract number and dates covered by the form

Ensure that the employee name and SIN number are present in the indicated columns

In the **Weekly Hours** columns, indicate how the employee spent his time for the week using the following legend:

- X: Hours Missed due to WS
- N: Normal Day Worked
- H: Statutory Holiday
- PV: Paid Vacation Leave
- S: Sick All Day
- U: Unauthorized Absence (Hours missed not due to Work-Sharing). Please indicate the reason (bereavement, etc.)

There is sufficient space to indicate more than one code – if applicable. For example, an employee works 2 hours and has 6 hours of paid vacation leave one day. The column would read 2N/6PV.

Fill in the relevant information for each employee for the next 3 columns:

- **Normal Weekly Hours Worked:** The number of hours the employee would work in a normal work week
- **Actual Hours Worked:** Hours spent on the job.
- **Hours Missed due to Work-Sharing:** WS hours spent away from the job. Do not include sick leave or vacation leave or statutory holidays that are paid by the employer in these totals.

If using the **electronic** EXCEL spreadsheet, the next three columns will be calculated automatically. The 3 columns are (Cum. Hours Norm Wrkd / Cum Hours Act. Wrkd / Cum. Hours Missed due to WS.

Ensure that you sign and date each weekly utilization form in the area indicated at the bottom of the form.

Every two weeks, the Employment Insurance Claimant Report Card, the corresponding two weeks worth of utilization reports must be submitted to your EI office.

Important Notices

Changes to the Work Force

Separations from the Work-Sharing Agreement:

The Work-Sharing Coordinator must be advised of any employees who leave the agreement, i.e.; **quit, dismissed, illness, maternity etc.** A letter should be sent to the Work-Sharing coordinator indicating the following:

- Name and Social Insurance Number
- Last Day Worked
- Reason for leaving.

This letter must have the signature of the employer representative as well as the employee representative.

Lay Offs:

Lay offs of Work-Sharing participants must be pre-approved by the Work-Sharing Coordinator, if the Work-Sharing Agreement is to remain in effect. The workers remaining on Work-Sharing must concur with the lay-off and agree to continue the Work-Sharing Agreement. As before, ***a letter must be sent or faxed to the Work-Sharing Coordinator indicating who is to be laid off, their Social Insurance Number and the effective date.*** This must be signed by both the employer and employee representative.

Extensions Beyond 26 Weeks

Extensions beyond the normal 26 week Work-Sharing Agreement may be considered up to a maximum of 12 weeks. Requests for extensions beyond 26 weeks must be applied for with an amendment form and a new recovery plan. ***The request for extension must be received at least one (1) month prior to the termination of the present Work-Sharing Agreement.***

Other Employer Obligations

During the life of the Agreement, the **employer must:**

- make WS information available to all employees.
- maintain close contact with the Employment Insurance representative to ensure that the applications for benefit and report cards are processed properly;
- maintain all existing fringe benefits for the duration of the WS Agreement. However, there may be reductions on subsequent payouts of these benefits if, for instance, premiums and payouts are based on a percentage of gross earnings (This is because an employee's gross earnings will be reduced during WS);

- advise employees that benefits such as pensions, vacation pay and, in some circumstances, subsequent claims for EI benefits, may be affected by participation in WS, usually due to employees having lower gross (insurable) earnings;
- maintain proper records of each employee on WS during the Agreement including wages and any other remuneration paid to those employees each week;
- make such records available, upon request, to authorized representatives of the Commission for inspection and audit;
- report the progress of the Recovery Plan;
- report any hours of overtime worked by WS employees;
- notify the Commission prior to any requested changes to the Agreement;
- maintain a schedule of work and report any hours of overtime worked by WS employees;
- advise Service Canada of changes to work schedules on a continuing basis. Specific dates and number of employees involved must be included and should be given prior to the change.
- schedule at least ½ an hour of work per week for employees in order for them to receive EI benefits; and

Employers wishing to make changes to the Work-Sharing Unit, as described in Attachment “A” of the Application, may do so using the prescribed “Amendment to a Work-Sharing Agreement” form with the necessary information provided. Please allow two (2) weeks for processing. It is essential that both the employer and employee representative sign all such requests for amendments;

Changes requested in the “Amendment to a Work-Sharing Agreement” form and requiring Service Canada approval may not be implemented until confirmation of the approval is received by mail or fax. Changes requiring approval are those that change the number of people in the Unit, such as:

- Layoffs
- Transfers
- Addition(s)
- Return to full-time

Changes not requiring approval, but for which notice must be given within three (3) days are:

- Replacements in the Work-Sharing Unit
- Voluntary terminations
- Terminations for cause
- Sick or maternity leave (WCB)
- Vacations
- “Bumping” under the terms of a collective agreement

When a Work-Sharing Agreement is to be terminated, the company is required to provide the following information on, or prior to, the effective dates: the reasons for the termination and the effective date of the termination. This date may be the date when all members of the Unit resumed full-time work.