

Shared Work Program

A Smart Alternative to Layoffs



Kansas Department of Labor

Shared Work Program
401 SW Topeka Blvd.
Topeka, KS 66603-3182



Thank you for choosing to be part of the Shared Work Program!

We are excited to collaborate with you to help hardworking Kansans keep their jobs, and for employers such as yourself to keep your employees. This toolkit is designed to help you along the way as you familiarize yourself with the Shared Work process and what is expected out of you and your employees.

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401 SW Topeka Blvd.
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Contact Shared Work
Phone: (785) 291-6132
Mon., Tues., Wed., and Friday 8 a.m. to 4 p.m.
Thursday, 8 a.m. to 3:15 p.m.
Email: KDOL.SharedWork@ks.gov
Website: dol.ks.gov

Follow us on LinkedIn for useful employer information: [linkedin.com/company/kdol](https://www.linkedin.com/company/kdol)

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FORMS INCLUDED

- Shared Work Plan - Individual Participant (K-BEN 103)
- Shared Work Plan - Individual Participant - Spanish (K-BEN 103-S)
- Shared Work Program - Information for Employees (K-BEN-P 052)
- Shared Work Program - Information for Employees - Spanish (K-BEN-P 052-S)

Shared Work Overview

Rather than laying off a percentage of the workforce to cut costs, an employer can reduce the hours and wages of all or a group of employees. The employees whose hours and wages have been reduced can receive partial unemployment benefits to supplement their lost wages. Employers may not reduce or eliminate fringe benefits, including health, medical insurance, or retirement, provided prior to the start of Shared Work.

Under the program, employers reduce the total number of hours that employees work. Employees can then claim partial unemployment benefits for the number of hours their workweek was reduced.

EMPLOYER BENEFITS

- ✓ Avoid layoffs
- ✓ Keep valued employees
- ✓ Adjust as business changes
- ✓ Recover fast when business improves

EMPLOYEE BENEFITS

- ✓ Keep their current job
- ✓ Avoid a financial crisis
- ✓ Keep benefits such as health insurance

Benefits paid under this program may be charged to the participating employer's unemployment insurance account. An employer with multiple businesses does not have to enroll all of them in Shared Work. Once approved, an employer's Shared Work Plan is valid for one year from the date the application was received. Employees who are participating in Shared Work may receive benefits for up to 52 weeks.

Business Units within a Shared Work Plan

A Shared Work Plan gives you the flexibility to choose the areas involved. It does not have to apply to the whole business or company. You can use Shared Work in one or more departments, shifts or units. While you can submit a plan with all employees in one unit, we generally recommend creating smaller units specific to particular jobs or shifts. You will need to fill out a separate application for each unit.

An affected unit must have at least two employees. All employees in an affected unit must be included in the program and reduced to the same extent during each week of the plan. The percentage of reduction may vary from unit to unit or week to week as long as it remains between 10% and 50%. However, there may be multiple Shared Work Plans for an employer covering different units. For example, one plan may reduce the employees' hours by 25% and another plan for a different department, unit, or location, may reduce hours by 40%.



Case Example

A firm facing a 20% reduction in production may consider laying off one-fifth of its workforce. Instead, when faced with this situation, the company can retain its total workforce on a four-day-a-week basis. This reduction from 40 hours to 32 hours cuts production—and payroll—by the required 20% without reducing the number of employees.

Based on a 40-hour week, the employer reduces the work schedule by 20%. The employer submits a plan for this reduction to KDOL and is approved under the Shared Work Program.

All affected employees receive their wages based on four days of work. In addition, those employees can receive a portion of unemployment compensation benefits equal to 20% of the unemployment compensation weekly benefit amount payable had the employee been unemployed a full week.



In the following example, the employee qualifies for regular unemployment compensation with a weekly benefit amount (WBA) of \$488 (actual WBA will vary based on the employee):

20% of 40-hour work week = 8 hours

Employee works and earns wages for 32 hours

20% x \$488 WBA = \$97

This employee would receive \$97 in unemployment benefits in addition to the 32 hours of wages earned during the week.

Eligibility Requirements

To be eligible, an employer must:

- Reduce the normal weekly work hours and corresponding wages by at least 10% but no more than 50%
- Apply the plan for reduced hours to at least 10% of the employees in the affected unit
- Have approval by a Collective Bargaining Agent, if there is one
- Have an experience rating

To participate, an employee must:

- Work at least eight hours a week, but not more than the reduced hours specified in the plan
- Report to their employer any hours worked with other employment, so that the employer can report it on the weekly certification
- Be eligible for regular unemployment benefits in the state of Kansas
- If not a U.S. citizen, have valid authorization to work in the U.S.



Employees must be able and available for full-time work, and accept all work offered from the participating employer.

The Shared Work Program does not cover seasonal employees. An employee will be considered seasonal if they typically work for a period of six months or less and the period of employment begins in approximately the same part of the year (e.g., summer, winter or holiday season)—regardless of how many hours the employee is expected to work each week.

The employer is responsible for answering questions from employees regarding their unemployment claims while on a Shared Work Plan.

Responsibilities

As the employer, you are responsible for submitting a weekly certification form, certifying the number of hours worked by each employee during the week. The hours worked must correspond to the reduction in the approved plan and employees in the same affected unit must work the same number of reduced work hours. If KDOL discovers inconsistencies with the weekly reported hours, the plan will be reviewed and may be revoked. Additionally, you are required to advise employees that their identity will be verified with the Social Security Administration as part of their eligibility for benefits.

Application Process

Applying for Shared Work is simple!



APPLICATION

Log in to your online account in the employer portal and upload your application.



EMPLOYEE LIST

During the application process, you will enter or upload your employee list including name, SSN, regular hours and proposed hours under the plan.



SUBMIT

On successful upload or entry of your plan, you will get an approval or denial notice by the next business day.

Submit your application through the employer portal when you are ready to start your Shared Work Plan. The plan can be backdated to the earliest Sunday in the past 14 days. If approved, the plan will begin on the date specified on your application form or the first Sunday prior to KDOL's approval of the plan, whichever date is later. An employer's Shared Work Plan is valid for one year from the date the application was received. All employees must serve an unpaid waiting week before receiving benefits.

KDOL will approve or deny an application, in writing, within one business day of the employer's electronic submission.

Reasons for Denial

KDOL, as administrator of the program, may reject a Shared Work application or deny an application for good cause. Good cause includes, but is not limited to, failure to comply with the assurances given in the plan, unreasonable revision of productivity standards for the affected unit, conduct or occurrences tending to defeat the intent and effective operation of the plan, and violation of any criteria on which approval of the plan is based. The reasons for rejection or revocation are final; however, the employer may submit another application/plan for consideration, and that determination would be made based upon the new data submitted.

Modifying a Shared Work Plan

Changes to the Shared Work Plan, such as adding or removing employees, can be submitted directly through the online employer portal. Modifying the employees on the plan may cause the plan to be canceled for cause.

Next Steps

If the Shared Work Plan is approved, you will need to complete the following steps:

1 EMPLOYEE FORMS

Each employee participating in a Shared Work Plan must fill out the form **K-BEN103 Shared Work Plan - Individual Participant** and return it to you. This form is available on our website in [English](#) and [Spanish](#) and at the end of this toolkit. The K-BEN 103 is used to complete the next step and should be filled out by affected employees.

2 COMPLETE THE AFFECTED WORKER (CLAIMANT) SPREADSHEET

The spreadsheet can be found [here](#). List each employee who will be participating in the Shared Work Plan using the completed K-BEN 103. To assist you in completing the spreadsheet correctly, drop down responses and a limited data entry are part of the spreadsheet design.

3 UPLOAD SPREADSHEET

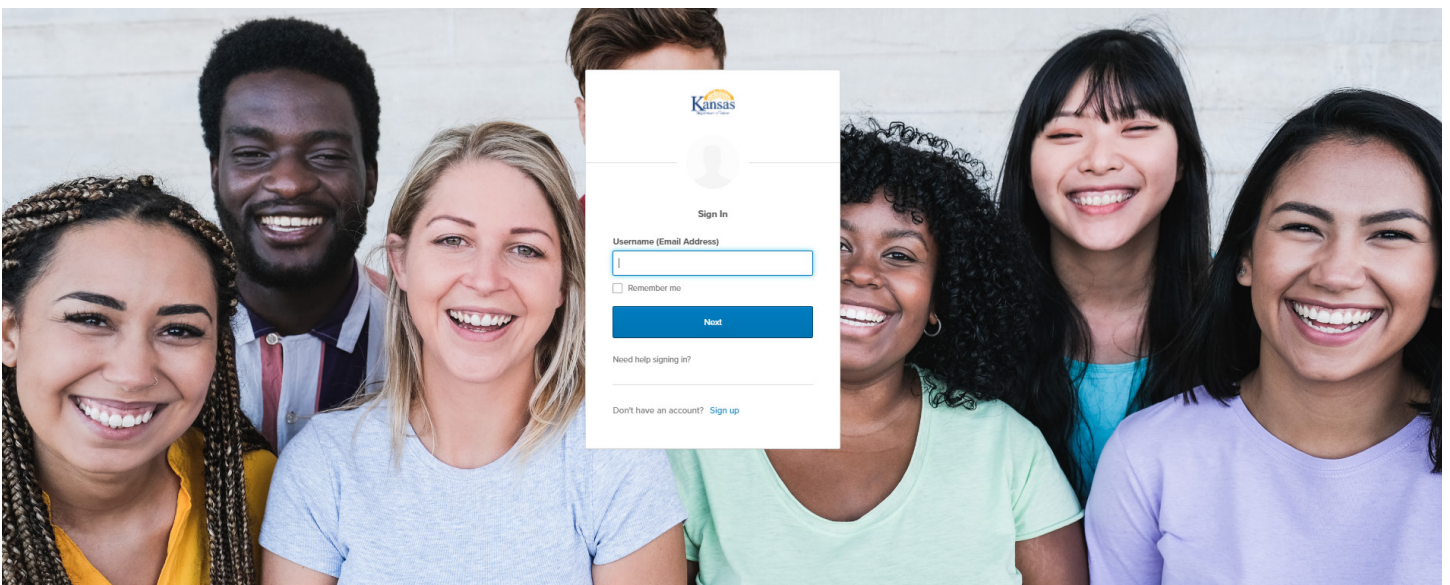
Once completed, upload the spreadsheet through your employer portal. The option to upload is found in the shared work menu.

4 RETAIN THE FORMS

Keep a copy of the completed K-BEN 103 as part of your records. If there are any issues on the claim, KDOL may need to obtain and review the information provided to you by the workers.

5 MFA ACCOUNT

Affected workers will receive their benefits via a debit card unless they create a Claimant account in the self-service portal. Creating a claimant account requires establishing MFA to be used when logging into the system. Once an account is created, direct deposit and withholding can be requested.



Weekly Certifications

If the Shared Work Plan is approved, you will upload or enter the Weekly Certifications.

When submitting the weekly certifications, you will select the week ending date to be filed. You will have the option to upload weekly certifications or to manually enter the information.

Weekly certifications can be submitted starting the Sunday after the noted Saturday week-ending date. If you fail to complete the weekly certification for two consecutive weeks, the employee's benefits may be adversely affected.

To successfully file the weekly certifications, you will need to know the hours worked, approved time off and any hours worked for other employers. Be sure to enter a zero if the type of hours is not applicable to the worker.

Note: Once the weekly certification has been submitted, it cannot be adjusted.

If an employee's hours are not reduced during a week, you do not need to submit a weekly certification.

Employees cannot receive Shared Work benefits if their normal hours and wages are reduced less than 10% or more than 50%. However, they may be eligible to receive partial benefits under the regular unemployment insurance program. Contact the Shared Work Unit at 785-291-6132 for additional information.

Changes to the Shared Work Plan, such as adding or removing employees, can now be done through the employer portal and Shared Work Dashboard.

For Employees

How do employees participate?

Your employer manages the Shared Work Plan, which means they will need to submit an application and provide a list of employees who will be affected. You do not need to file weekly certifications. Each week the employer certifies the number of hours you worked and if you refused an offer of full-time work with this employer.

All questions about the program should be directed to your employer. If you are participating in the Shared Work Plan, you are not required to look for work and are not penalized for refusing job offers from other employers. You are required to be available for your normal weekly hours of work with the participating employer, if offered additional hours.

After an employer has been approved and has submitted the required forms to initiate an employee's claim, the employee will receive in the mail a Monetary Determination and Regular Unemployment forms. Employees should review the Monetary Determination carefully to understand how their benefits have been calculated.

NOTE: Employees should NOT file a claim for regular unemployment. Doing so will cause a delay in payment. They should securely discard the Regular Unemployment forms because the Shared Work forms that their employer submits cover their claim and ongoing participation.

What should employees do once a plan is approved?

First, employees will need to fill out **K-BEN 103 Shared Work Plan - Individual Participant** and return it to their employer. The form is available on our website in [English](#) and [Spanish](#), and included at the end of this toolkit.

Note: Unemployment benefits, including Shared Work benefits, are subject to federal and state income tax.

Secondly, employees must register an account through the updated Multi-Factor Authentication (MFA) system at dol.ks.gov/home. Employees will need an email address and phone number.

In their claimant account, employees can elect to receive their Shared Work benefits through direct deposit or debit card. To change the payment method, select *Payment options* from the main menu. Then select the preferred payment method and fill out the required information.

If you experience an issue, please try the following troubleshooting options:

- If you do not see your activation email, check your spam or junk mail folders.
- Forwarding the email or clicking on the Activate link in the verification email more than once may result in an error.
- If the next page doesn't load, try closing the window and signing back in.
- Claimants who get the error *email account already exists* or *you do not have permission to perform the requested action* will need to call the Contact Center for assistance with their account. Please let the representative know which error is shown.

Employer Checklist

Application Process

1. Log in to your employer account via the employer portal and enter or upload the shared work application.
2. Add a list of affected employees that includes their full name, Social Security number, normal work hours and proposed hours under shared work.

Next Steps

1. Have all employees participating in the plan complete the form **K-BEN 103 Shared Work Plan - Individual Participant**. Download the Mass Layoff Spreadsheet in your employer account, near the bottom of the page.
2. Complete the Affected Worker (Claimant) spreadsheet using the K-BEN 103.
3. Upload the Affected Worker (Claimant) spreadsheet in your employer portal under the Shared Work menu.

Weekly Certifications

1. Log in to your employer account via the employer portal and enter or upload the weekly certification.
2. Be sure to include hours worked for you, approved time off, and hours worked for other employers when submitting the weekly certification.

Note: Once the weekly certification has been submitted, it cannot be modified.

Frequently Asked Questions

How do holidays and paid time off work?

Holidays can be used as Shared Work days. If the employee physically worked eight hours during the week, the holiday can be considered worked time. Paid time off is considered worked time for the purpose of calculating Shared Work benefits when the employee did work a minimum of eight hours during that week and the employee worked all available hours.

Can employees still receive Shared Work benefits if their normal hours and wages are reduced less than 10% or more than 50%?

No. However, they may be eligible to receive partial benefits under the regular unemployment insurance program. Contact the Shared Work Unit at 785-291-6132 for additional information.

When employees are eligible for regular unemployment insurance benefits instead of Shared Work benefits, it may result in a total payment, a partial payment, or no payment for that week. During a week that regular unemployment insurance benefits are potentially payable, earned wages from all employers will be used for the benefit calculation. If earnings exceed the claimant's weekly benefit amount, no benefits are payable for the week.

What if the employee works another job?

An employee may work another job while participating in Shared Work. However, if an employee's combined hours of work for both employers is equal to or greater than 40 hours of work, they will not be eligible for Shared Work benefits. It is the employee's responsibility to report any hours worked with other employment, so that the employer can report it on the Weekly Certification.

What should an employer do if an employee hasn't received their unemployment benefits?

First, the employer should make sure the employee has been included in the weekly certification and that all weekly certifications have been submitted. Employees should receive benefits one week following the submission of each weekly certification. Second, the employer should verify that the employee meets all eligibility requirements.

Note: All employees must serve an unpaid waiting week before receiving benefits.

If all weekly certifications are up to date and the employee is eligible, the employee should check their account at [KansasUI.gov](https://www.kansasui.gov). In their account, employees can check their balance and the date payment was released.

Glossary

Affected Unit – An employer or its specified department, shift, or business unit of two (2) or more employees designated by the employer to participate in a Shared Work plan.

Individual Participant – An employee who is part of an approved Shared Work Plan.

Fringe Benefits – Benefits in addition to an employee's salary, such as medical insurance, retirement and paid time off.

Normal Weekly Work Hours – The usual hours of work for full-time or part-time employees in the affected unit when that unit is operating on its regular basis, not to exceed 40 hours and not including hours of overtime work.

Shared Work Benefits – The unemployment benefits payable to employees in an affected unit under an approved Shared Work Plan.

Shared Work Plan – A written plan approved by the director, under which the employer requests the payment of Shared Work benefits to workers in an affected unit of the employer to avert temporary and/or permanent layoffs.

Waiting Week – The waiting week is the first week an individual files a weekly claim and meets all eligibility requirements. Before an individual can start receiving benefits, Kansas law requires one waiting week per claim. The individual won't be paid any money for the week, but claiming the week is required to receive credit for it as a waiting week.

Week – The Shared Work employer's payroll week. If the Shared Work employer does not pay wages on a weekly basis, a week shall be a seven consecutive day period beginning at 12:01 a.m. Sunday and ending at midnight the following Saturday.

Weekly Certification – The form an employer submits each week, certifying the number of hours worked by each employee during the week. Certifications do not need to be submitted for any week that employees' hours are not reduced.

Thank you for choosing the Shared Work Program. If you have questions, please contact us by one of these methods:

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Thursday, 8 a.m. to 3:15 p.m.
Email: KDOL.SharedWork@ks.gov
Website: dol.ks.gov

Follow us on LinkedIn for useful employer information: [linkedin.com/company/kdol](https://www.linkedin.com/company/kdol)

SHARED WORK PLAN - INDIVIDUAL PARTICIPANT

K-BEN 103 (Rev. 11-24)

Complete and submit this form to your employer. All fields are required for participation. Any questions you have should be directed to your employer since they will be handling your claim. This information is used by the Department of Labor to confirm your identity and create your claim.

If you choose not to participate in the Shared Work Plan, you can opt out. You still need to provide your name and Social Security number. Then check the box at the bottom of the page, sign, date and return the form to your employer.

Full name: _____

List other names used in the past 18 months: _____

Social Security number: _____

Date of birth (mm/dd/yyyy): _____

Gender: Male Female

Race (Indicate by selecting one or more):
 Black or African-American White
 American Indian or Alaska Native Asian
 Native Hawaiian or other Pacific Islander Unknown

Ethnicity (Indicate by selecting one):
 Not Hispanic or Latino Hispanic or Latino Unknown

U.S. Citizen? YES NO If NO, Alien Document Type:
 I-551 (Resident Alien Card) I-94 (Arrival/Departure)
 I-766 (Employment Authorization) Naturalization Certificate

Document No.: _____ Expiration Date: _____

Do you have a disability: YES NO If YES, disability type:
 Both physical and mental Mental Impairment
 Physical Impairment Do not wish to disclose

Have you served on Active Duty in the U.S. Armed Forces?
 YES NO

If YES, indicate Veteran type:
 Vietnam Era Veteran Disabled Veteran Special Disabled
 Campaign Veteran Other Veteran Other Eligible N/A

U.S. Military Branch:
 Air Force Army Coast Guard Marine Corps Navy

Discharge
 Dishonorable Honorable Other N/A

Tap Training
 Yes - currently Yes, previously No

Are you the spouse of Veteran on Active duty or with 100% service-connected disability, or died on active duty or from service-connected disability?
 YES NO

Seasonal farm worker in the last 12 months? YES NO

Highest level of education completed (check one):

Grade school: 0 1 2 3 4 5 6 7 8

High school: 9 10 11 High school grad w/diploma

Vocational Training:

Attended, certificate received Attended, not certified N/A

Years of college: 1 year 4 years 5 years 7 years

Received certificate with no degree

Associate Degree Bachelor's degree or equivalent

Master's degree Doctorate

State Driver's License or ID: YES NO

If YES, issuing state: _____ License/ID no. _____

License Class: A B C M Class A CDL

Class B CDL Class C CDL

Issue date: _____ Expiration date _____ Height ___ ft. ___ in.

Mailing address: _____

Address (line 2) _____

City _____ State _____ ZIP _____

Country: USA Canada Mexico Other

Is residential address same as mailing address?

YES NO If NO, complete residential information.

Residential address: _____

Address (line 2) _____

City _____ State _____ ZIP _____

Country: USA Canada Mexico Other

If Kansas resident, County name: _____

Primary phone: _____ Cell phone: _____

Opt for Text messages: YES NO

Contact method: Email USPS

Federal government civilian employee in the last 18 months? YES NO

If YES, where? in Kansas USA, but not in Kansas

Outside the U.S.

Discharged from the military in the last 18 months? YES NO

Did you work in a state other than Kansas in the last 18 months? (not federal or military)? YES NO If YES, what state? _____

Have you received UI benefits in the last 18 months?

YES NO

OPT OUT I wish to opt out of the KDOL Shared Work Program.

Certification

I certify that the information I have provided is accurate and complete. I understand that intentionally providing false information or withholding important details is a violation of the Kansas Employment Security Law and may result in penalties. I further understand that each week I must tell my employer how many hours, if any, I am working for any other employers. By signing, I give the Kansas Department of Labor permission to file an initial application for benefits if needed to participate in the Shared Work Plan.

Employee Signature: _____ Date: _____

OFFICE USE ONLY

Plan No. _____ Sub Plan No.: _____ Employer Account No. _____

Plan information: Kansas Federal Military Claim type: New Additional

PLAN DE TRABAJO COMPARTIDO – PARTICIPANTE INDIVIDUAL

K-BEN 103 S (Rev. 11-24)

Llene este formulario y envíelo a su empleador. Es necesario completar todas las secciones para poder participar. Si tiene alguna pregunta, comuníquese con su empleador, ya que ellos se encargarán de su reclamo. El Departamento de Trabajo utiliza esta información para confirmar su identidad y crear su reclamo.

Si no desea participar en el Plan de Trabajo Compartido, puede optar por no participar. De todas formas, deberá proporcionar su nombre y número de Seguro Social. Luego, marque la casilla al final de la página, firme, ponga la fecha y devuelva el formulario a su empleador.

Nombre completo: _____

Incluya cualquier otro nombre que haya usado durante los últimos 18 meses: _____

Número de seguro social: _____

Fecha de nacimiento (mm/dd/aaaa): _____

Sexo: Masculino Femenino

Raza (Indique seleccionando una o más):
 Negro o Afroamericano Blanco
 Indio Americano o Nativo de Alaska Asiático
 Nativo Hawaiano u otro Isleño del Pacífico No identificado

Etnicidad (Seleccione una opción):
 No Hispano o Latino Hispano o Latino No identificado

¿Ciudadano de los Estados Unidos? Sí NO

Si NO, Tipo de documento extranjero:

I-551 (Tarjeta de residente extranjero) I-94 Llegada/Salida
 I-766 (Autorización de Empleo) Certificado de Naturalización

Número de documento.: _____ Fecha de vencimiento: _____

¿Tiene alguna discapacidad? Sí NO

Si es Sí, tipo de discapacidad:

Discapacidad física y mental Discapacidad física
 Discapacidad mental No deseo revelar

¿Ha sido parte del servicio activo en las Fuerzas Armadas de los Estados Unidos?

Sí NO

Si es Sí, indique el tipo de veterano:

Veterano de la era de Vietnam Veterano discapacitado
 Campaña especial para discapacitados
 Otro Veterano Otro Eligible N/A

Rama militar de EE. UU.:

Fuerza Aérea Ejército Guardia Costera
 Cuerpo de Marine Marina

Separación:

Deshonorable Honorable Otro N/A

Entrenamiento de TAP

Sí, actualmente Sí, Anteriormente No

¿Es usted el esposo/a de un veterano en servicio activo, o con una discapacidad del 100% relacionada con el servicio, o que falleció mientras estaba en servicio activo o debido a una discapacidad relacionada con el servicio?

Sí NO

Ha trabajado como trabajador agrícola estacional durante los últimos 12 meses? Sí NO

Nivel más alto de educación completado (marque una opción):

Escuela primaria/secundaria: 0 1 2 3 4 5 6 7 8

Escuela preparatoria: 9 10 11

Graduado de preparatoria con diploma

Entrenamiento técnico:

Asistió, recibió certificado Asistió, no recibió certificado N/A

Años de universidad: 1 año 4 años 5 años 7 años

Recibió certificado sin titulación

Título de Asociado Licenciatura o equivalente

Maestría Doctorado

Licencia de conducir o identificación estatal Sí NO

Si es sí, estado que emitió: _____

Número de licencia/ identificación _____

Clase de licencia: A B C M Clase A CDL

Clase B CDL Clase C CDL

Fecha de emisión: _____ Fecha de vencimiento: _____

Altura ___ pies ___ pulg.

Dirección postal: _____

Dirección (línea 2) _____

Ciudad _____ Estado _____ Código postal _____

País: EE. UU. Canadá México Otro

¿La dirección residencial es la misma que la dirección postal?

Sí NO Si es NO, complete la información residencial.

Dirección residencial: _____

Dirección (línea 2) _____

Ciudad _____ Estado _____ Código postal _____

País: EE. UU. Canadá México Otro

Si es residente de Kansas, nombre del condado: _____

Teléfono principal: _____ Celular: _____

Optar por mensajes de texto: Sí NO

Método de contacto

Correo electrónico Servicio Postal de Estados Unidos

¿Ha trabajado como empleado civil del gobierno federal en los últimos 18 meses? Sí NO

Si es así, ¿dónde?

En Kansas Estados Unidos, pero no en Kansas Fuera de los EE.UU.

¿Fue separado del servicio militar en los últimos 18 meses?

Sí NO

¿Trabajó en otro estado que no sea Kansas en los últimos 18 meses?

(no federal ni militar) Sí NO

Si es así, ¿en qué estado? _____

¿Ha recibido beneficios de desempleo en los últimos 18 meses?

Sí NO

OPTAR POR NO PARTICIPAR: Deseo optar por no participar en el Programa de Trabajo Compartido de KDOL.

Certificación

Certifico que la información que he proporcionado es precisa y completa. Entiendo que proporcionar información falsa intencionalmente o retener detalles importantes es una violación de la Ley de Seguridad del Empleo de Kansas y puede resultar en sanciones. Además, entiendo que cada semana debo comunicar a mi empleador las horas trabajadas para otras empresas, en caso de que las haya. Al firmar este documento, doy permiso para que el Departamento de Trabajo de Kansas presente una solicitud inicial de beneficios si es necesario para participar en el Plan de Trabajo Compartido.

Firma del Empleado: _____ Fecha: _____

SOLO PARA USO DE OFICINA

Número de plan: _____ Número de subplan: _____ Número de Cuenta del Empleador: _____

Información del Plan: Kansas Federal Militar Tipo de reclamo: Nuevo Adicional

SHARED WORK PROGRAM - Information for Employees

What is Shared Work?

Shared Work is an unemployment insurance program that provides employers an alternative to laying off employees. If an employer elects to participate in Shared Work and their Shared Work Plan is approved, affected employees are allowed to share the work available in lieu of some employees being laid off.

Employees who share the work under an approved Shared Work Plan collect a percentage of regular unemployment insurance benefits to compensate for reduced hours of work and wages. Benefits paid under this program may be charged to the participating employer's unemployment insurance account.

Eligibility

To be eligible for shared work:

- Your employer must submit a plan certifying that the reduction of hours is in lieu of temporary layoffs.
- Your identity will be verified with the Social Security Administration as a part of the unemployment eligibility process.
- You must have or be able to file a valid Kansas unemployment insurance claim.
- Your normal weekly work hours are reduced at least 10% but not more than 50% for each week.
- Your employer must certify that you worked all the available hours for the week(s) being claimed.

If you are participating in the Shared Work Plan, you are not required to look for work and are not penalized for refusing job offers from other employers.

If you are working for another employer, other than the Shared Work employer, and your combined hours of work for both employers are equal to or greater than the usual hours of work with the Shared Work employer, you would not be eligible for Shared Work benefits.

How to Claim Shared Work Benefits

Your employer will provide you with form K-BEN 103, Shared Work Plan - Individual Participant. You will need to complete this form and return it to your employer.

Each week your employer will submit a Shared Work Certification form with the hours that participating employees worked during the week. The first week claimed on a new benefit year is a non-payable week waiting period. Employees should NOT file a claim for regular unemployment. Doing so will cause a delay in payment.

To receive benefits, employees must register an account at KansasUI.gov through the Multi-Factor Authentication system. Employees can elect to receive their Shared Work benefits through direct deposit or debit card.

Computation of Benefits

If you have an existing Kansas unemployment insurance claim, your weekly and maximum benefit amounts do not change for the remainder of your benefit year.

If you are establishing a new claim when you file for Shared Work benefits, you will receive a monetary determination letter in the mail. The monetary determination shows your employers and wages earned in Kansas during the period used to establish a claim. The monetary determination also shows your weekly and maximum benefit amounts.

If you have missing Kansas wages or have wages in another state during the period shown, advise your employer to notify the Kansas Department of Labor.

Unemployment insurance benefits are reduced in proportion to the hours your employer reduces your normal work week.

Example:

You normally work a 40-hour week and your employer reduces your work by eight hours a week. You are eligible to receive 20% of your unemployment insurance weekly benefit amount (WBA).

$$\begin{aligned} \text{If your WBA} &= \$190 \\ 20\% \times \$190 &= \$38 \\ \text{Your shared work benefit is} & \$38. \end{aligned}$$

Restrictions

An employee cannot be paid more than the weeks available for regular benefits under the Shared Work Program. Any amount paid is deducted from the total amount of regular benefits during a benefit year, and the total amount cannot exceed the individual's maximum benefit amount.

You are not eligible for any week in which you perform work for the participating employer in excess of the reduced hours established under the Shared Work Program.

If you have questions about your Shared Work Plan, please contact your employer.

PROGRAMA DE TRABAJO COMPARTIDO - Información para Empleado

¿Qué es Trabajo Compartido?

Trabajo Compartido es un programa de seguro de desempleo que brinda a los empleadores una alternativa al despido de empleados. Si un empleador elige participar en Trabajo Compartido y se aprueba su Plan de Trabajo Compartido, los empleados afectados pueden compartir el trabajo disponible en lugar de que algunos empleados sean despedidos.

Los empleados que comparten el trabajo bajo el Plan de Trabajo Compartido aprobado reciben un porcentaje de los beneficios regulares del seguro de desempleo para compensar la reducción de horas de trabajo y salarios. Los beneficios pagados bajo este programa se pueden cobrar a la cuenta de seguro de desempleo del empleador participante.

Elegibilidad

Para ser elegible para trabajo compartido:

- Su empleador debe presentar un plan certificando que la reducción de horas es en lugar de despidos temporales.
- Su identidad será verificada con la Administración del Seguro Social como parte del proceso de elegibilidad de desempleo.
- Usted debe tener o ser capaz de presentar un reclamo de seguro de desempleo válido en Kansas.
- Sus horas de trabajo semanal normal son reducidas por lo menos 10 por ciento, pero no más del 50 por ciento por cada semana.
- Su empleador debe certificar que usted trabaja todas las horas disponibles con el empleador participante para la semana(s) reclamada(s).

Si usted está participando en el Plan de Trabajo Compartido, usted no está obligado a buscar trabajo y no será penalizado por rechazar ofertas de empleo de otros empleadores.

Si usted está trabajando para otro empleador que no sea el empleador de trabajo compartido y sus horas combinadas de trabajo para los dos empleadores son iguales o más que las horas habituales de trabajo con el empleador de trabajo compartido, usted no será elegible para beneficios de trabajo compartido.

Como Reclamar Beneficios de Trabajo Compartido

Su empleador le proporcionará el formulario K-BEN 103 Plan de trabajo compartido - Participante Individual. Deberá completar este formulario y devolverlo a su empleador.

Cada semana, su empleador enviará un formulario de Certificación de Trabajo Compartido con las horas que los empleados participantes trabajaron durante la semana. La primera semana reclamada en un nuevo año de beneficios es un período de espera de semana no pagable.

Los empleados NO deben presentar un reclamo por desempleo regular. Si lo hace, provocará un retraso en el pago.

Para recibir beneficios, los empleados deben registrar una cuenta en KansasUI.gov a través del sistema de autenticación de múltiples factores. Los empleados pueden optar por recibir sus beneficios de Trabajo Compartido mediante depósito directo o tarjeta de débito.

Cálculo de Beneficios

Si usted tiene un reclamo de seguro de desempleo de Kansas vigente, la cantidad semanal y de beneficio máximo no cambian durante el resto de su año de beneficios.

Si está estableciendo un nuevo reclamo cuando usted solicita beneficios de trabajo compartido, usted recibirá una carta de determinación monetaria en el correo. La determinación monetaria muestra sus empleadores y salarios ganados en Kansas durante el periodo utilizado para establecer el reclamo. La determinación monetaria también muestra la cantidad semanal y el beneficio máximo.

Si le faltan salarios ganados en Kansas o tiene salarios ganados en otro estado durante el periodo indicado, avísele a su empleador para que notifique al Departamento de Labor de Kansas.

Beneficios del seguro de desempleo se reducen en proporción a las horas que su empleador reduce su semana de trabajo normal.

Ejemplo:

Trabaja una semana de 40 horas y su empleador reduce el trabajo ocho horas menos por semana. Usted es elegible para recibir el 20 por ciento de su beneficio semanal de seguro de desempleo (WBA).

Si su WBA = \$190

$20\% \times \$190 = \38

Su beneficio de trabajo compartido es \$38

Restricciones

A un empleado no se le puede pagar más de las semanas disponibles para beneficios regulares bajo el Programa de Trabajo Compartido. Cualquier cantidad pagada se deducirá de la cantidad total de beneficios regulares durante un año de beneficios y la cantidad total no puede exceder la cantidad máxima de beneficios del individuo.

Usted no es elegible para cualquier semana en que se realiza el trabajo para el empleador participante en exceso de las horas reducidas establecidas bajo el Programa de Trabajo Compartido.

Si usted tiene preguntas sobre su Plan de Trabajo Compartido, por favor póngase en contacto con su empleador.