

(IV) SPECIFY THE EFFECT THAT WORK SHARING WILL HAVE ON THE FRINGE BENEFITS OF EACH EMPLOYEE IN THE AFFECTED UNIT INCLUDING:

1. HEALTH INSURANCE FOR HOSPITAL, MEDICAL, DENTAL, AND SIMILAR SERVICES;
2. RETIREMENT BENEFITS UNDER BENEFIT PENSION PLANS AS DEFINED IN § 3(35) OF THE FEDERAL EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974;
3. HOLIDAY AND VACATION PAY;
4. SICK LEAVE; AND
5. SIMILAR ADVANTAGES;

(V) CERTIFY THAT:

1. EACH AFFECTED EMPLOYEE HAS BEEN CONTINUOUSLY ON THE PAYROLL OF THE EMPLOYING UNIT FOR 3 MONTHS IMMEDIATELY BEFORE THE DATE ON WHICH THE EMPLOYING UNIT OR EMPLOYER ASSOCIATION SUBMITS THE WORK SHARING PLAN; AND
2. THE TOTAL REDUCTION IN NORMAL WEEKLY WORK HOURS IS INSTEAD OF LAYOFFS THAT WOULD HAVE AFFECTED AT LEAST THE NUMBER OF EMPLOYEES SPECIFIED IN ITEM (1) OF THIS SECTION AND THAT WOULD HAVE RESULTED IN AN EQUIVALENT REDUCTION IN WORK HOURS; AND

(VI) CONTAIN THE WRITTEN APPROVAL OF:

1. THE COLLECTIVE BARGAINING AGENT FOR EACH COLLECTIVE BARGAINING AGREEMENT THAT COVERS ANY AFFECTED EMPLOYEE IN THE AFFECTED UNIT; OR
2. IF THERE IS NO AGENT, A REPRESENTATIVE OF THE EMPLOYEES OR EMPLOYEE ASSOCIATION IN THE AFFECTED UNIT.

(4) IF A WORK SHARING PLAN SERVES THE WORK SHARING EMPLOYER AS A TRANSITIONAL STEP TO PERMANENT STAFF REDUCTION, THE WORK SHARING PLAN SHALL CONTAIN A REEMPLOYMENT ASSISTANCE PLAN FOR EACH AFFECTED EMPLOYEE THAT THE WORK SHARING EMPLOYER DEVELOPS WITH THE SECRETARY.

(5) THE WORK SHARING EMPLOYER SHALL AGREE TO:

(1) SUBMIT TO THE SECRETARY REPORTS THAT ARE NECESSARY TO ADMINISTER THE WORK SHARING PLAN; AND