

Short-Time Compensation

Retain Talent, Sustain Success

EMPLOYER RESPONSIBILITIES

1. Notify your employees of the Short-Time Compensation Plan. Employees' enrollment in the plan is voluntary, but they must be informed of the opportunity.
2. Inform those who choose to participate that they must log in to NEworks and create their initial claim or reopen an existing claim.
3. Designate a secondary STC Contact in the event you are unavailable.
4. Continue to offer usual benefits (healthcare, retirement, etc.) Benefits **must** be provided under the same terms and conditions as prior to the STC plan.
5. If any participant's reduction in hours exceeds 60%, instruct them to file their own weekly claim for regular UI Benefits after you have filed their STC weekly certification for that week.
6. File weekly certifications of participants' hours.
7. If changes are necessary to the plan, request a plan modification **before** the change begins.

Calculating Benefit Amount

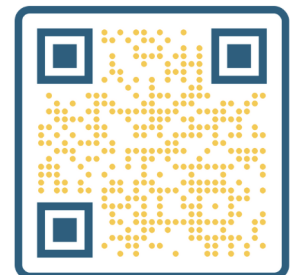
STC Benefit amounts are determined by calculating an individual's regular Unemployment Insurance (UI) Benefits (the payment they would receive if they were completely laid off), and multiplying that amount by the percentage reduction put forth by the employer.

Example: For a 20% reduction in hours, the formula is:

$$\text{Regular UI Benefits} \times 20\% = \text{STC Benefit Amount}$$

For detailed instructions on filing weekly certifications or requesting modifications, scan the QR code or visit the link below:

DOL.NEBRASKA.GOV/STC

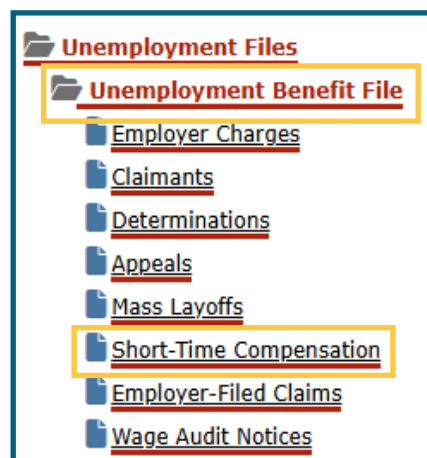


Retain Talent, Sustain Success

EMPLOYER RESPONSIBILITIES - Filing Weekly Certifications

- ◆ File between Sunday-Wednesday to allow review and edits if necessary. Deadline is Friday at 11:59pm to avoid delays in payment.
- ◆ Include all hours offered, hours worked, approved leave, and hours worked at a second job. These are all added together to determine the individual's weekly eligibility for benefits. *[Employees with a second job should report their hours to you for their weekly certification]*
- ◆ All participants in the same unit must experience the same reduction in hours per plan approval.

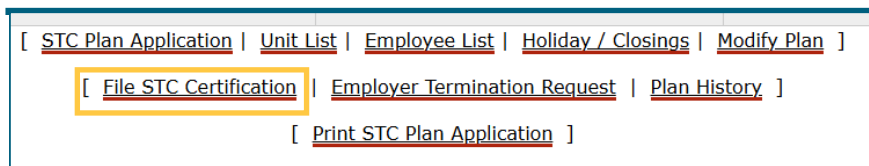
1. Navigate to the "Unemployment Benefit File" menu and Select "Short-Time Compensation"



2. Click on the "Plan Number"

STC Plan Application	
Plan Number	Employer
202500004	Books and Books

3. On the bottom menu, select "File STC Certification"



EMPLOYER RESPONSIBILITIES - Filing Weekly Certifications

4. Ensure you are filing for the correct dates (should be the week prior).

Affected Unit Selection:

Enter the week ending date for this filing:

Still Employed	Hours Offered	Available For Work	Hours Offered	Hours Worked	Approved Leave	Other Employment Hours	Certification Status
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="32"/>	<input type="text" value="32"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Awaiting Employer
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="32"/>	<input type="text" value="32"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Awaiting Employer
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="32"/>	<input type="text" value="32"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Awaiting Employer

Page 1 of 1 Rows 100

[Mass Upload Participants]

5. Complete the chart by indicating if the participant is still employed, was offered hours, and was available for those hours.

6. Finally, enter the number of hours the employee was offered, the number they worked, if they took any approved leave, and if they worked any hours for another employer.

Definitions:

- **Hours Offered**—the number of hours you (the employer) offered the employee to work
- **Hours Worked**—the number of hours the employee worked
- **Approved Leave**—number of hours an employee was on leave, including paid and unpaid leave (includes sick time, vacation time, holiday time, etc.)
- **Other Employment Hours**—number of hours an employee reports having worked at a second job that week.

Short-Time Compensation

Retain Talent, Sustain Success

EMPLOYER RESPONSIBILITIES - Requesting a Modification

In general, once an STC plan has been approved, you should not deviate from the plan. Deviation without prior approval may cause the Department of Labor to re-evaluate the terms of your plan, and may request you show cause for the deviation. However, if you are anticipating a change in circumstance, you may request a modification to the plan.

Request a modification in your plan if:

- ◇ You need to **extend or shorten** the length of the plan.
- ◇ You need to change the **reduction percentage** of a unit(s).
- ◇ You need to **add/remove** participants or units from your plan.
- ◆ Modifications must be requested and approved the week **BEFORE** the change occurs.
- ◆ If need to end the STC before your original planned end date, you must file a **termination request**.

**Failure to request a modification before deviating from a plan may require that you show the Department of Labor good cause for the deviation.*

How to Request a Modification in NWorks:

1. Navigate to your plan in NWorks and select "Modify Plan"

STC Administrator's Functions - [Redacted]

Plan Number	Plan Effective Date	Planned End Date	Plan Approval Date	Participants Identified	Participants Pa
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[File STC Certification] [Employer Termination Request] [Plan History] [Print STC Plan Application]

2. This will open your original application, where you can make the edits necessary to change dates, reduction percentages for units, or delete/add employees.

3. Following the same steps as when you submitted your application, complete the certification and select "Finish".

Certification

By submitting this plan application, I certify that I understand and agree to the following:

By checking the box below, I certify that the plan I'm submitting for review meets all requirements for a Short-Time Compensation (STC) plan under applicable federal and state law.

- I will provide a weekly certification that contains the information requested by the commissioner for the duration of the STC plan.
- I will post notice of termination of the plan in a conspicuous location visible to all affected employees.
- If there are any changes to the information on this plan application or the plan participant list, I will notify the Department of Labor.
- The STC plan shall not serve as a subsidy to seasonal employment during the off-season, nor as a subsidy to temporary part-time or intermittent employment.
- I will not hire additional part-time or full-time employees in the affected unit(s) while the STC plan is in effect.
- The affected unit(s) in which the STC plan will be implemented and the names, social security numbers and usual weekly hours (exclusive of overtime hours) of the employees affected by the STC plan.

☒ I understand and agree to the items listed above.

<< Back Finish

Version: 6/3/2025