EMPLOYER'S REQUEST FOR APPROVAL TO ELECT TO COVER MULTI-STATE WORKERS UNDER THE LOUISIANA EMPLOYMENT SECURITY LAW

Employer Name:__________________________________________________ LA UI Account#:___________ 7-digits

Mailing Address:_________________________________________________________________

E-mail Address:__________________________________________________________________

1. The above named employer requests that the Louisiana Workforce Commission (LWC) enter into a reciprocal coverage arrangement with each of the following other "interested jurisdictions" (designated below by their two-letter state abbreviation) in which the employee(s) named in Item 2. may do some work for the employer, and under whose unemployment compensation laws the employee(s) might otherwise be covered:

   _______  _______  _______  _______  _______  _______  _______
   _______  _______  _______  _______  _______  _______  ______

2. Employee(s), customarily employed to work in more than one jurisdiction, covered by this election:
(Attach list of additional employee(s) if needed)

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Social Security #</th>
<th>*Basis for Election in LA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Enter a, b or c to indicate the basis for election in LA:
 a.) Does some "WORK" in LA
 b.) Worker has "RESIDENCE" in LA
 c.) "PLACE" of business is in LA

Election signed for the employer by:

Signature

Printed Name

Date

Title

LWC-ES319 RC-1 Employer’s Election to Cover Multi-State Workers (R 10/2012)
**Determination** by the “interested jurisdiction” of the state of: ________________________________

**APPROVED:**  ________

**DISAPPROVED:**  ________

_________________________________________________________   ______________________
Signature         Date

_________________________________________________________   ______________________
Printed Name         Title

***************************************************************************************************

LOUISIANA WORKFORCE COMMISSION DETERMINATION

The foregoing election is hereby:

**APPROVED:**  ________

**DISAPPROVED:**  ________

____________________________________
J. Ricky Masaracchia
U. I. Tax Chief

VISIT OUR WEBSITE  www.laworks.net  FOR EMPLOYER INTERACTIVE SERVICES
** FILE REPORTS AND PAY TAXES ONLINE **