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John Bel Edwards, Governor
Ava Cates, Secretary

Office of Unemployment Insurance Administration
Tax Operations

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

Employer Name: _____ UI Account # _____
Mailing Address: _____ 7- digits
Email Address: _____ Contact phone number: _____

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 additional list of workers if needed)

<u>Employee Name</u>	<u>Social Security #</u>	<u>*Basis for Election in LA</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Enter a, b or c to indicate the basis for election in LA:

- a.) Does some "WORK" there.
- b.) Worker has "RESIDENCE" there.
- c.) "PLACE" of business is there.

Election signed for the employer by:

Signature

Date

Printed Name

Title

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Fax: (225) 346-6073

LWC-ES319 RC-1 Employer's Election to Cover Multi State Workers (R/08/2021)

An Equal Opportunity Employer

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 _____

Dawn Bell
UI Tax Chief