

**EMPLOYER'S ELECTION TO COVER MULTI-STATE
 WORKERS UNDER THE ARKANSAS DEPARTMENT
 OF WORKFORCE SERVICES LAW**

EMPLOYER'S NAME:	ARKANSAS ACCOUNT NO.:
ADDRESS: (Street) (City) (Zone) (State)	

The above employer hereby elects, subject to approval by the unemployment compensation agencies involved, to cover under the Arkansas Department of Workforce Services Law certain individuals (named below and on any forms attached) customarily employed by him on work in more than one jurisdiction.

1. The employer accordingly requests the Arkansas Department of Workforce Services to enter into a reciprocal coverage arrangement to that effect, with each of the following other "interested jurisdictions" (in which the individuals named under Item 2 may do some work for the employer, and under whose unemployment compensation laws they might otherwise be covered):

- | | | |
|-----------|-----------|-----------|
| (a) _____ | (d) _____ | (g) _____ |
| (b) _____ | (e) _____ | (h) _____ |
| (c) _____ | (f) _____ | (i) _____ |

(If more space is required, use and attach Form RC-1(a)-ARK)

Basis for election in Arkansas (enter one word)
 (A) Does some "work" there
 (B) Has his "residence" there
 (C) Related to a "place" of business there

2. List of Workers covered by this election:

Name	Soc. Sec. Number	State of Residence

(If more space is required, use and attach Form RC-1(a)-ARK)

3. Nature of employer's business: _____
4. The employer has a place of business in the following States listed above:

5. Nature of work to be performed by the individuals listed under Item 2:

6. Employer's reason for requesting coverage in Arkansas:

7. The employer requests that this election become effective as of the beginning of a calendar quarter, namely as of _____ 1, 20 ____
8. The election, if approved, shall remain operative, as to the individuals listed herewith, until terminated in accordance with the currently applicable regulation of the Arkansas Department of Workforce Services.
9. The employer agrees to obtain consent of the individuals involved and to submit in substantiation there of a signed statement of the individuals.
10. The employer hereby agrees to comply with any requirements applicable to this election under the Arkansas Department of Workforces Services Law.

11. To prevent this election from denying unemployment compensation coverage to workers not listed hereon, the employer hereby agrees with each interested jurisdiction approving this election that it may count the workers covered by this election, and their wages, as if this election did not apply, for the purpose of determining whether the employer is covered by the law of such jurisdiction and whether any other workers employed by him are covered by said law.

Date _____

(Business Name)

NOTE: This report must be signed by owner, partner or officer. If signed by any other person, a power of attorney giving such individual authority to sign must be attached.

Signed by _____

Official Title _____

APPROVAL
By the
Arkansas Department of Workforce Services

The foregoing election is hereby approved, in accordance with applicable regulation, as submitted by the electing employer.

Date _____

Chief of Contributions

APPROVAL by the Interested Jurisdiction of _____
The forgoing election is similarly approved.

Name of Agency _____

By _____

Date _____

Title _____

NOTE: The employer should submit three signed copies for each jurisdiction listed under Item 1. All copies should be sent to the Arkansas Department of Workforce Services, P. O. Box 8007, Little Rock, Arkansas. Upon approval by the Arkansas Department of Workforce Services, three signed copies will be sent to each "interested jurisdiction" for their approval. One copy is to be retained by the "interested jurisdiction" returning two copies to the Arkansas Department of Workforce Services. One copy will be retained by the Arkansas Department of Workforce Services and one signed copy will be sent to the employer, with a letter stating whether or not the application was approved.