

REQUEST FOR SEASONAL STATUS

Fill out this form to request to be a seasonal employer for unemployment purposes. Send it to the address or fax number at the top of the form. *Seasonal* means that your whole business or occupations within your business work less than 26 weeks in a calendar year. The time includes Saturdays and Sundays. We use the law to make our decision on whether you can be a seasonal employer. We must decide if you can be a seasonal employer for all of your business or for occupations within your business. See the Colorado Employment Security Act 8-73-106 and the Regulations Concerning Employment Security Part X. A business is not considered seasonal until you submit an application and are granted seasonal status by the Division. Seasonal status is effective the beginning of the quarter following the date of approval.

Your Company's Legal Name (Your legal company name as listed with the Secretary of State)	Your Employer Account Number
Your Trade Name (DBA)	Telephone Number
Company's Street Address	City
	State
	ZIP Code

Fill out this section if your mailing address is different from what you wrote above.

In Care of Name			
Mailing Address	City	State	ZIP Code

REQUIREMENTS

To be a seasonal employer, you must meet these requirements:

- All your workers in your entire business or in each seasonal occupation must work less than 26 weeks in a calendar year.
- You must have at least 45 days in a row in a calendar year during which the workers do not work in the seasonal occupation.
- Not more than 25 percent of all the workers in your entire business or in each seasonal occupation can work outside the season.

INSTRUCTIONS

If you want your entire business operation to be seasonal, fill out only Items **1** and **2**. Turn the form over and sign it.

If you want some occupations within your business to be seasonal, fill out the whole form. Remember to sign the back.

Please type all dates as mm/dd/yyyy.

1. In what calendar year do you want to be a seasonal employer? _____

2. Does your entire business work for less than 26 weeks during the calendar year?

- Yes. List your business's first and last dates for your seasonal periods. If you have more than one seasonal period, list the first and last days for each season.

First date for the first season _____

Last date for the first season _____

First date for the second season (if you have one) _____

Last date for the second season (if you have one) _____

- No. Fill out Items **3** and **4**.

IMPORTANT! This document(s) contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document. If needed, call 303-318-9100 for assistance in the translation and understanding of the information in the document(s) you have received.

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento. Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 303-318-9100.

OCCUPATIONS WITHIN YOUR BUSINESS

Within your business, you may have more than one occupation. Workers in each of those occupations perform different work from workers in other occupations. You may request seasonal status for one or more of those occupations.

For **each occupation**, we need to know that:

- All workers in the occupation work less than 26 weeks in a calendar year.
- You have at least 45 days in a row during which the workers do not work in the seasonal occupation.
- Not more than 25 percent of all workers in the occupation work outside the season.

Please figure out if each occupation meets all three requirements. If an occupation meets all three requirements, please fill out Item 3. If an occupation does not meet all requirements, please fill out Item 4.

If you do not have enough room to list all seasonal occupations on this form, you may photocopy this page to list more occupations. You may also send us a typed spreadsheet with the information.

3. Fill out this section for all occupations that meet all the seasonal requirements (less than 26 weeks; 45 days between seasons; no more than 25 percent of workers working outside the season).

- **Title:** Fill in the name of each occupation.
- **Seasonal Periods:** Fill in the first and last dates of the occupation's season. Also fill in the total number of seasonal workers you will have during that season. Remember that you may have more than one season. List each season separately.
- **Nonseasonal Periods:** Fill in the first and last dates of the occupation's off-season. Also fill in the total number of workers you will have during that time. Remember that no more than 25 percent of the workers in the occupation can work during the off-season. If more than 25 percent work during the off-season, list that occupation Item 4.

Title	Seasonal Periods			Nonseasonal Period		
	First Date	Last Date	Number of Workers	First Date	Last Date	Number of Workers

4. Fill out this section if one or more of your occupations do not meet all the seasonal requirements (less than 26 weeks; 45 days between seasons; no more than 25 percent of workers working outside the season). Tell us about all occupations that are not in Item 3.

- **Title:** Fill in the name of each occupation.
- **Job Duties:** Describe what the workers do.

Title	Job Duties

The information provided is true, correct, and complete to the best of my knowledge and belief. I understand there are severe penalties, including fines and jail, for not telling the truth.

Signature	Date
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