

## **PART-TIME EMPLOYEES**

If you are an employer who does not guarantee a 40 hour work week and whose employees routinely work “part-time,” i.e. less than 40 hours a week, it may be beneficial to have these employees sign an acknowledgment form expressing that understanding.

Unless there is an official statement to the contrary, quite often wages calculated for the purposes of workers’ compensation benefits presume a 40 hour work week. This presumption can cost thousands of dollars in benefits paid in some claims. A “Part-Time Acknowledgment” form can rebut the 40 hour presumption and establish that benefits are calculated upon hours actually worked by the employee. Utilizing this form can potentially save you money by helping you control your loss ratio and premiums.

LUBA offers you the enclosed sample “Part-Time Acknowledgment” form to protect yourself against inflated indemnity claims. This form should be delivered to a “part-time” employee at the time of their acceptance of employment, as well as to the current “part-time” employees. The form should be signed and dated by the employee and a supervisor.

## Part-Time Acknowledgement

I understand that my employment with the Company is solely on an at-will basis, that it is entered into voluntarily, and that I am free to resign at any time, for any reason, with or without notice. I understand that, similarly, the Company is free to conclude my employment at any time, for any reason not prohibited by law, with or without notice. I understand that my employment with the Company does not guarantee forty hours per work week. I further understand that a condition of employment is that such employment customarily provides less than forty hours per week and is considered "part-time". The amount of hours worked is solely dependent upon work availability as determined by the Company. The Company reserves the right to modify, amend or terminate any provisions herein at any time, with or without notice.

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

**Employee Name:** \_\_\_\_\_  
(Please Print)

**Supervisor/Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

*This Part-Time Acknowledgement form is being furnished to you as a courtesy and the language herein should be considered that of a sample. Because this Part-Time Acknowledgement form is a sample, LUBA Workers' Comp (LUBA) makes no claims, promises or guarantees about the accuracy, completeness, or legal adequacy of its contents. Furthermore, LUBA does not provide any warranties, expressed or implied, with regard to this form. LUBA highly recommends that you consult legal counsel before implementing this Part-Time Acknowledgement form for use in your operations.*