**S.C. DEPARTMENT OF EMPLOYMENT AND WORKFORCE**

**COVID-19 Support Payment Plan Application**

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| SECTION 1: Employer Contact Information |
| 1. Legal Name

  | 1. Trade Name (DBA)

  |
| 1. Street Address in S.C. (If out of state, provide registered agent’s address)

  | **3a**. City  | **3b**. State  | **3c**. Zip Code  |
| 1. Mailing Address (if different than street address)

  | **4a**. City   | **4b**. State  | **4c**. Zip Code  |
| 1. Federal Employer Identification Number (FEIN)

  | 1. Business Telephone

  | 1. SCDEW Account#

  |
| **8**. Name of Contact:  |
| **8a**. Title:  | **8b**. Telephone:  |
| **8c**. Email for :  |
|  | SECTION 2: COVID-19 Plan Details |
| 1. Enter DATE employees will be furloughed:

 **MM / DD / YYYY**  |
| 1. Enter names of employees who will received COVID-19 Support Payments (Attach additional sheets if necessary):

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| 1. Will the employees receive weekly payments? Yes or No Circle One
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| 1. Will the employees receive a lump sum payment? Yes or No Circle One
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| 1. Will the payment be made in response to furloughing the employee because of COVID-19? Yes or No Circle One
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| 1. Will the payment be made for services rendered in the past? Yes or No Circle One
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| 1. Will the payment be made free from any obligation for employees (or their estates) to repay it? Yes or No Circle One
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| 1. Will the payment be made free from any obligation for the employee to perform or not perform any act? Yes or No Circle One
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| 1. Do you agree to file unemployment for Employees via the Employer Filed Claim process? Yes or No Circle One
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|  | SECTION 3 : Signature |

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| **THIS FORM MUST BE SIGNED BY AN OWNER, PARTNER, CORPORATE OFFICER, OR OTHER EMPLOYEE WITH SUFFICIENT AUTHORITY TO BIND THE EMPLOYER.**  |
| **I certify that the information entered on this application is true and accurate, and that I am authorized by the named employing unit to submit this application for a COVID-19 Payment Plan.** |
| **Signature:** |
| **Print Name and Title:**  |
| **Telephone:**  |
| **Date: MM / DD / YYYY**  |

Please email this form to legal@dew.sc.gov.