



Quality Jobs Program

INITIAL BASELINE CALCULATION WORKSHEET

CONTRACT NUMBER

COMPANY NAME:

CONTRACT EFFECTIVE DATE:

Number of Months	Month & Year containing the immediate 12th of the month prior to the Contract Effective Date (Mon-YYYY)	Number of all existing Employees state-wide, including all affiliates, during the payroll periods which includes the immediate 12th of each month prior to the contract effective date	Less	Number of existing employees state-wide working an average of less than 30 hours per week for the respective periods	=	Number of Net Full-Time Employees
1st			-		=	
2nd			-		=	
3rd			-		=	
4th			-		=	

The Median is calculated by discarding the months with the highest and lowest number of employees and averaging the number in the remaining two months. You must have four months of operation with employment to use the Median average, otherwise if three or less months of operation with employment prior to **contract effective date (CED)**, average all months with employment.

Sum of Net Full Time Employees state-wide including affiliates (Sum of the 4 months listed above): _____ (a)
(If at least 4 months of operation with employment go to (b), if 3 months or less of operations with employment skip to (f))

Less: Highest Month of Employment: _____ (b)

Less: Lowest Month of Employment: _____ (c)

= Net Employment for Median Average Calculation: _____ (d)

Divide by: 2 (e) for median, or _____ (f) (number of months of operations with employment if less than 4)

= Baseline Number of Employees: _____ (round up only)

(Divide (d) by (e) for median or (a) by (f) if less than 4 months of operation with employment)

You must include all ES4/SUTA reports filed with the LWC (state-wide, including all affiliates in Louisiana) for the same period.

*Note that employees hired/existing prior to the contract effective date are not eligible as new direct jobs.

CERTIFICATION

(Must have legal authority to sign this document)

I hereby certify that the Quality Jobs project identified in this document with the above referenced number and additional materials meet all of the requirements of R.S. 51:2451, et seq. and applicable regulations. I hereby certify that the information provided in this document and additional materials is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records (R.S. 14:133) and/or forfeiture of any tax credits or rebates approved under this program. I understand that application and information submitted with it shall not be returnable to the applicant.

Original Signature

Printed Name and Title

Date