

## **Jobs Credit Economic or Disaster Declaration**

Chapter 6A of the Tacoma Municipal Code, as amended.

**A supplemental form must be completed for each position that has lost eligibility for the Job Credit.**

**If you have already paid back credits and believe you may be eligible for a refund please complete a form for each position. An auditor will review the information provided and contact you regarding a possible refund.**

1. Business Name: \_\_\_\_\_  
Contract Account #: \_\_\_\_\_
2. Position information:  
Date new position was filled: \_\_\_\_\_  
Job Title (position): \_\_\_\_\_
3. Please indicate the reason the position has lost eligibility for the job credit (check and fill in the dates for all that apply):
  - a.  Position was eliminated from your workforce.  
Date the position was eliminated \_\_\_\_\_
  - b.  Position hourly wage cannot maintain the current "family wage"  
Date the hourly wage was no longer maintained \_\_\_\_\_
  - c.  Position number of hours cannot maintain full time status (at least 32hrs/wk)  
Date full time status was no longer maintained \_\_\_\_\_
4. What is the current number of full time employees at Tacoma location? \_\_\_\_\_
5. What is the reason the position is no longer eligible for the job credit? i.e. natural disaster or economic recession. Provide dates and details of the situation that caused the position to lose eligibility. (attach additional sheet if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Has your business closed or is it in the process of closing? If so, what is the date of closure? \_\_\_\_\_

I certify that to the best of my knowledge the information provided is accurate and truthful.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_