



# PREPROPOSAL STATEMENT OF INQUIRY

**CR-101 (June 2004)**  
(Implements RCW 34.05.310)  
Do **NOT** use for expedited rule making

**Agency:** Employment Security Department

**Subject of possible rule making:** WAC 192-110-015, Applications by standby workers.

**Statutes authorizing the agency to adopt rules on this subject:** RCW 50.12.010, RCW 50.12.040

**Reasons why rules on this subject may be needed and what they might accomplish:** The amendment will clarify that employers can make an initial request for up to eight weeks of standby by their employees who apply for unemployment benefits. As the rule is currently worded, employers can only make a request that an additional four weeks be added to the employee's previously approved four-week standby period.

**Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:** The U.S. Department of Labor reviews the state's administration of the unemployment insurance program to ensure conformity to federal statutes and regulations. The state has broad flexibility in the implementation of unemployment insurance laws as long as conformity is maintained. The proposed regulations will be shared with USDOL prior to adoption.

**Process for developing new rule (check all that apply):**

Negotiated rule making

Pilot rule making

Agency study

Other (describe) The proposed rule will be shared with stakeholders identified in the rule-making process. We will solicit input from stakeholders and consider all comments in the development of the final rule.

**How interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication:**

Interested parties can participate in the formulation of the proposed rule before publication by contacting:

Juanita Myers, Agency Rules Coordinator  
Employment Security Department  
P.O. Box 9046  
Olympia, WA 98507-9046  
Fax (360) 902-9605  
Email [jmyers@esd.wa.gov](mailto:jmyers@esd.wa.gov)

Please include your name, organization (if any), mailing and/or email address, and telephone number.

**DATE**  
May 15, 2017

**NAME (TYPE OR PRINT)**  
Dale R. Peinecke

**SIGNATURE**

**TITLE**  
Commissioner

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FILED

**DATE:** May 15, 2017

**TIME:** 4:09 PM

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