

## TRANSIENT LODGING SEASONAL EMPLOYMENT STATUS Information and Application

**Arizona Revised Statute § 23-793, Qualified transient lodging employment; definition**, provides that a business that qualifies for the transient lodging classification prescribed in A.R.S. § 42-1310.10 may be approved for *seasonal status*. When *seasonal status* is granted, workers who are laid off during the business' seasonal slowdown may not be eligible to collect unemployment insurance benefits that are based on wages from the seasonal business.

In accordance with A.R.S. § 23-793, *seasonal status* may be granted when the transient lodging business:

1. On a yearly basis, due to its seasonal nature, experiences a substantial slowdown in operations. A substantial slowdown is a reduction of its full-time equivalent workforce by at least two-thirds during its slowdown period.
2. Has notified its seasonal employees in writing prior to their hire of their *seasonal status* and the possibility that they may be denied unemployment insurance benefits during the *off season*.
3. Is eligible for a computed unemployment insurance tax rate for the period of the anticipated slowdown.
4. Is not delinquent in payment of its unemployment insurance tax.
5. Files a completed annual application with the Department at least 90 days prior to the beginning of the anticipated slowdown period.

**Arizona Administrative Rule R6-3-1408, Seasonal Employment Status; Transient Lodging Employment, supplements A.R.S. § 23-793.**

A. As used in A.R.S. § 23-793:

1. A "full-time equivalent" means the number of hours in the employing unit's normal work week the employing unit considers a full-time work week, or 40 hours, whichever is less.
2. "One year period prior to such slowdown" means the 52 completed calendar weeks immediately preceding the start date of the anticipated slowdown period.
3. "Previous year" means the same as "one year period prior to such slowdown."

B. For the purpose of A.R.S. § 23-793(B), an application is the form provided by the Department and available to the employer at <https://des.az.gov>. The employer shall provide the following information.

1. Identifying information including the federal employer identification number and transient lodging privilege license number;
2. The anticipated period of the substantial slowdown of operations, the reason for the anticipated slowdown, and the expected number of full-time equivalents in the workforce during the slowdown;
3. The previous year's slowdown period, the reason for the slowdown, and the number of full-time equivalents in the employer's workforce in the 12 highest weeks of unemployment during the previous year; and
4. A copy of the written notice to employees that the employment is seasonal.

C. Notwithstanding the Department's approval of the employer's application, the Department shall not deny a worker, who has filed a claim for benefits during a substantial slowdown period, the use of wages earned from the employer if the employer, in response to the Department's notice that the worker has filed a claim for benefits, does not provide written information that the worker is unemployed due solely to the substantial slowdown in operations within 10 days of the notice date.

Within 60 days of submittal of this application, the department shall issue an appealable determination to the employer either granting or denying seasonal employment status.

**MAIL APPLICATION TO:** Arizona Department of Economic Security  
Unemployment Insurance Tax Status Unit  
PO Box 6028  
Phoenix, Arizona 85005

OR

**FAX TO:** 602-532-5539

**QUESTIONS?** E-mail: [uitstatus@azdes.gov](mailto:uitstatus@azdes.gov) or call 602-771-6602

*Employer Information on next page.*  
See page 3 for EOE/ADA disclosures

# APPLICATION FOR TRANSIENT LODGING SEASONAL EMPLOYMENT STATUS

UI Employer Account No.: \_\_\_\_\_ Federal Employer ID No.: \_\_\_\_\_ Transient Lodging Privilege License No.: \_\_\_\_\_

Legal Business Name / Owner - Employing Unit: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business or DBA Name: \_\_\_\_\_ In Care of: \_\_\_\_\_

Mailing Address (No., Street, Route No., or PO Box, City, State, ZIP Code): \_\_\_\_\_

Primary Location of Business (Physical address) (No., Street, City, State, ZIP Code): \_\_\_\_\_ County: \_\_\_\_\_

Legal Entity (Corporation, Partnership, LLC, etc.): \_\_\_\_\_ Transient Lodging Type (Hotel, motel, campground, etc.): \_\_\_\_\_

1. Anticipated period of substantial slowdown in operations: \_\_\_\_\_ through \_\_\_\_\_  
(month/day/year) (month/day/year)

2. Reason for anticipated slowdown: \_\_\_\_\_

3. Previous (last) year's substantial slowdown period: \_\_\_\_\_ through \_\_\_\_\_  
(month/day/year) (month/day/year)

4. Reason for previous (last) year's slowdown: \_\_\_\_\_

5. Did you notify your seasonal employees in writing at the time of hire that the employment is seasonal and during the off season the employees may be denied unemployment insurance benefits (as required by A.R.S. § 23-793A.3.)?

Yes No If Yes, attach a copy of the written notification.

6. Is your Full-Time Equivalent (FTE) 40 hours per week? Yes No If No, how many hours is your FTE? \_\_\_\_\_

7. Indicate below the number of FTEs in each of the 12 highest weeks of employment during the one year period prior to the start of your anticipated slowdown. (For any weeks which may occur between completion of this application and start of slowdown, estimate FTEs.)

Week Start Date	Week End Date	FTEs	Week Start Date	Week End Date	FTEs	Week Start Date	Week End Date	FTEs

8. Expected number of FTEs in your workforce during the anticipated slowdown period: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION ON THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Name (Type or print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature (Must be signed by owner, partner, corporate office, LLC manager, or agent): \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS PAGE WITH YOUR APPLICATION ON PAGE 2**

**AGENCY USE ONLY**

App. Filed: \_\_\_\_\_

Eligible Tax Rate? \_\_\_\_\_ Current UI Tax? \_\_\_\_\_ Tax Rep/Date: \_\_\_\_\_

App. Approved? Yes No TSS Rep/Date: \_\_\_\_\_

Approved Seasonal Period: \_\_\_\_\_ Through: \_\_\_\_\_

Determination Issued: \_\_\_\_\_