

**SUPPLEMENTAL ATTACHMENT FOR EMPLOYER'S
ELECTION TO COVER MULTI-STATE WORKERS**
(To be attached to each copy of RC-1-ARK, if required)

1. The jurisdictions listed below are hereby included in Item 1 of the Election to which this sheet is attached:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. The workers listed below are hereby included in Item 2 of the Election to which this sheet is attached:

<u>Name</u>	<u>S. S. No.</u>	<u>State of Residence</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date _____ Business Name _____

NOTE: Submit 3 signed copies for EACH jurisdiction you list here to the Arkansas Department of Workforce Services, P. O. Box 8007, Little Rock, Arkansas.