

Shared Work Program **Employer Handbook**



**Employment
Security
Department**
WASHINGTON STATE

Our Mission Statement

The Employment Security Department's Shared Work Program mission is to enhance the well-being of the state business communities and workforces. This is accomplished through equitable and timely issuance of employer eligibility decisions; prompt and fair payment of benefits; accurate information, technical assistance, and training. Shared Work promotes economic security for employers, employees, and the state's business communities by maintaining and supporting a stable workforce.

TABLE OF CONTENTS

What is the Shared Work Program?	1
What are the requirements?	2
How to apply?	3
<i>Employment Security Reference Number</i>	3
<i>Modifying a Shared Work Plan</i>	3
<i>Collective Bargaining</i>	3
<i>Approval Process</i>	3
<i>Effective Date and Duration of Plan</i>	4
<i>Employee UI Application Process</i>	4
Now that you have been approved	4
<i>Employer Representative Responsibilities</i>	4
<i>Employee Responsibilities</i>	5
<i>Shared Work Administrative Unit Responsibilities</i>	6
<i>Reasons for the Employee Not Receiving Shared Work Benefits</i>	6
<i>Overpayments</i>	6
<i>Underpayments</i>	6
Other Information	7
<i>Shared Work Payments Report</i>	7
<i>Employee Layoff Guidelines</i>	7
<i>Experience Rating</i>	7
<i>Causes for revoking a Shared Work Plan</i>	7
Frequently Asked Questions	8
Appendix	10
Shared Work Laws (RCW)	11
Shared Work Rules (WAC)	16
Employer Representative Responsibilities	20
District Tax Offices	21

Tear Out Section

Shared Work Compensation Plan Application
Shared Work Compensation Plan Participant List
You've Applied for Shared Work Benefits - What's Next?
What Will I Be Asked When I Claim Each Week?
Employee Responsibilities
Shared Work Payment Calculation Chart
Claim Calendar/Earnings Deduction Chart
Shared Work Participant Status Change Request Form
Request for Employer Information
Business Change Form/Amended Tax & Wage Report

What is the Shared Work Program?

The Shared Work Administrative Unit of the Employment Security Department manages the Shared Work Program. The program was enacted into state law in 1983. It is a voluntary employer-initiated program. Shared Work is a flexible program and can accommodate a variety of work situations and save jobs and money.

The Shared Work Program offers qualified employers of Washington state an alternative to layoffs during certain down times in the economy. Shared Work is available to public and private employers.

Shared Work participation allows you to reduce an employee's full time weekly work hours between 10 to 50 percent, while the employee receives a percentage of unemployment benefits. Participation can involve all or part of your workforce.

Employers must submit a Shared Work program application and participant list to be considered for the program. A plan can be in effect for a maximum of 52 weeks. Employees can receive up to 52 weeks of Shared Work benefits during his or her claim as long as a balance is available. The weeks do not need to be consecutive.

Employers communicate directly with the Shared Work Administrative Unit for all matters about the plan and the employees' UI claims.

By legislative intent, the program creates a positive situation for both employers and employees:

- Employers keep their skilled employees, save on payroll costs and the expenses for recruiting, hiring, and training new employees.
- Employees receive more income than they would if fully unemployed, while avoiding the hardships of full unemployment and continue to receive such benefits as health insurance.

For additional information, please go to:

www.esd.wa.gov/business

Or call 800-752-2500

What are the Requirements?

Your business is eligible to participate in Shared Work if you:

1. Reduce work hours to avoid temporary layoffs.
2. Reduce employee's weekly hours by at least 10 percent, but not more than 50 percent.
3. Do not reduce health benefits as a result of the reduced hours.
4. Have the collective bargaining agent for each collective bargaining agreement covering any employee in an affected unit approve and sign the *Shared Work Compensation Plan Application*.
5. Agree to provide reports necessary for administration of the plan and designate an employer representative to work with the Shared Work Administrative staff.
6. Are legally registered to do business in the state of Washington for at least six months before applying for the Shared Work Program. Registration means you have both an Employment Security (ES) reference number and a Unified Business Identifier (UBI) number.
7. Propose employees who are permanent full-time hourly employees, who have worked 90 days of employment with you prior to the program application date.

The following are not eligible for Shared Work:

1. Corporate officers
2. Seasonal employers

Definitions:

WAC 192-100-040 Seasonal employment means work with regular periodic layoffs, showing a consistent pattern of employment and unemployment.

WAC 192-250-005 says (1) full time employment is paid time of thirty-five to forty hours each week and (2) general economic downturn is a regional slowdown in work within an industry that is not due to factors that are typical for the industry or occupation.

Details of the Shared Work laws and rules are on pages 11-19.

How to Apply?

To apply for Shared Work, an employer completes a *Shared Work Compensation Plan Application* and a *Shared Work Compensation Plan Participant List* (refer to the tear out section in the back of this handbook).

Submit the completed application package by:

1. Faxing to 360-586-5601 or 360-586-5602.
2. Mailing to Shared Work, P.O. Box 9046, Olympia, WA 98507-9046.
3. Going online to upload your application at www.esd.wa.gov/business.

You can also download the forms from the Internet at www.esd.wa.gov/business.

The plan approval process starts once we receive the completed forms.

We will return any incomplete or unsigned forms. This will delay the plan approval process.

Employment Security Reference Number

The Employment Security (ES) Reference number is used for payroll tax reporting purposes. You must include your ES Reference number on the *Shared Work Compensation Plan Application* before we can process it. Contact the District Tax Office (DTO) that serves your account if you do not know your ES Reference number. A DTO directory is included in this handbook or available on the Web at www.dto.go2ui.com.

Modifying a Shared Work Plan

Answering “yes” to question # 8: The Modification Statement on your application allows you to add employees after the approved plan start date. Employees added to a current employer plan are subject to the same eligibility review that applied to the original plan. You may also modify the number of hours an employee works during a week according to the needs of your business.

Collective Bargaining

If you have a Collective Bargaining agreement with a labor union, your *Shared Work Compensation Plan Application* requires the signature of each collective bargaining agent for each agreement that covers any employee in an affected work unit. If there is more than one collective bargaining agent, please attach a separate page with the required information and signature(s).

Approval Process

The Shared Work Administrative Unit will issue a written decision allowing or denying your *Shared Work Compensation Plan Application* within 15 working days from the date we receive a completed application package. Plan denials are final and cannot be appealed. You may apply for another plan 15 days after the mailing date of the denial, if there is new or additional information that was not considered during the original plan application process.

Effective Date and Duration of Plan

The effective date of your plan is agreed upon with us, but it will not be later than the first day of the second calendar week after the date we approve it, unless you request a later date. The plan expires at the end of the 12th full calendar month of the plan.

Your employees may file for regular UI benefits if their work hours are reduced prior to the approved start date of your Shared Work Compensation Plan. Employees should call the TeleCenter at 800-318-6022 to file a claim.

Employee UI Application Process

After we approve your plan, your employees must complete an initial Participant Application for Shared Work Benefits. Your employees should **not** file initial applications online or by calling the TeleCenter. If an employee already has a current claim we will transition them into the Shared Work Plan, and they do not need to complete an application.

We will mail an *Unemployment Claims Kit* to each of your employees' residence once a claim is filed. This reference material provides general information about regular unemployment benefits.

Now That You've Been Approved:

Please select a designated employer representative for your company to serve as a liaison between your employees and the Shared Work Administrative Unit. The employer representative assists your employees with their claims and your plan. We request that your employees direct all questions about their Shared Work claim to the employer representative. The employer representative may refer to the Employer Handbook on the Web at www.esd.wa.gov/business.

Employer Representative Responsibilities

- You will receive a written approval of your plan. If you are notified by e-mail, you will receive electronic versions of the documents necessary to get your employees started and to maintain your Shared Work plan.
- Copy and distribute the following forms to your Shared Work employees:
 - You've Applied for Shared Work Benefits What's Next?
 - What Will I Be Asked When I Claim Each Week?
 - Employee Responsibilities
 - Shared Work Calculation Chart
 - Current Claim Calendar

- You will receive a printout of your **Shared Work Participants** listing the employees approved to participate in your Shared Work Plan. Compare this print-out to your copy of the participant list for accuracy and completeness. You are responsible to notify your employees of their eligibility for the program.
- A Shared Work staff member will contact you if we need additional information in order to process your plan. If we approve your plan, we will schedule a review of the process by phone to give you instructions on completing and submitting all forms and to answer any questions.
- Please review the Participant Applications for Shared Work Benefits and Unemployment Insurance Continued Claim forms completed by your employees. Fax the completed forms to Shared Work at 360-586-5601 or 360-586-5602 or mail them to Shared Work, P.O. Box 9046, Olympia, WA 98507-9046.
- A Shared Work staff member will contact you after we process the forms. We will instruct you to have your employees begin to file a weekly claim by Internet or telephone. Direct your employees to continue to file a claim every week even if they work full-time in a particular week.
- To **add** employees to an existing plan, submit a *Shared Work Compensation Plan Participant List*. **Additions are subject to the same eligibility review that applied to the original plan.** We will only add eligible employees to your plan effective the week in which the request to add is received.
- To **remove** a participant from a plan, submit a *Shared Work Participant Status Change Request Form*. Refer to the form for specific completion instructions.
- You will receive a *Shared Work Payments Report* weekly. Please cross-reference this report with your payroll records. You can make corrections using the *Request for Employer Information* form. Please have the employee(s) sign the form to verify the corrections you make. Please do not return the *Request for Employer Information* form if everything is correct.

Employee Responsibilities

As a Shared Work participant, you are responsible for:

- Legibly completing and signing the *Participant Application for Shared Work Benefits* form and submitting it to your employer representative.
- Knowing your hourly rate of pay.
- Knowing when your weekly claim begins (Sunday) and ends (Saturday).
- Filing your weekly claims by Internet or telephone in a timely manner.
- Being able and available for **all** work offered by your employer.
- Accurately reporting all gross earnings and hours worked, including **paid** sick, vacation, and holiday hours for each week you claim. We may delay or deny benefits if you do not report all wages and hours correctly.
- Reporting **any** secondary employment or self-employment you have in each week you claim.

- You are **not** required to make an active search for work while participating in Shared Work. However, when you file your weekly claim by Internet or telephone, answer “**YES**” to question #2: “Did you make an active search for work as directed?” so that the computer system recognizes your answer as a Shared Work participant.
- Addressing all issues and questions about your claim with your employer representative.

Shared Work Administrative Unit Responsibilities

The Shared Work Administrative Unit will:

- Approve or disapprove Shared Work plan applications.
- Approve or disapprove Shared Work participant (employee) eligibility.
- Process Shared Work employer and employee forms and documents.
- Issue written decisions on Shared Work claims.
- Provide Shared Work Program technical assistance and training.
- Provide information regarding the Shared Work Program.
- Actively promote and market the Shared Work Program.
- Provide dependable customer service.

The Shared Work Administrative Unit is responsible for the administration of the Shared Work Program and handles everything about active plans and claims. **The employer representative and employee should not contact the TeleCenters for problem resolution while participating in the Shared Work Program.**

Reasons for the Employee Not Receiving Shared Work Benefits

An employee may be ineligible for Shared Work benefits for the following reasons:

- Available work hours are reduced less than 10 percent, or more than 50 percent, of the standard work week.
- The employee fails to accept all work offered by the employer, or is on leave without pay.
- The employee has already received 52 weeks of Shared Work benefits within a benefit year.
- The employee cannot establish a valid Washington unemployment claim because they have worked less than 680 hours in the base year.
- The employee is currently denied benefits due to a prior decision issued by us.
- The Shared Work plan has expired.
- The employee’s unemployment claim has expired.

Overpayments

If we decide that one of your employees has been overpaid, we will notify the employee in writing. If an overpayment decision is made, the employee is usually responsible to repay the debt.

Underpayments

If an employee believes that we have not paid enough benefits, he or she should contact the employer representative. The employer representative should contact the Shared Work Administrative Unit and explain the situation.

Other Information

Shared Work Payments Report

The *Shared Work Payments Report* is generated weekly and either mailed or e-mailed to the designated employer representative to cross-match with payroll records. It may verify incorrect employee reporting of hours or earnings and improper shared work benefit payments. Please complete the *Request for Employer Information* form to report discrepancies in hours or earnings and mail or fax it to the Shared Work Administrative Unit.

WAC 192-250-025(7) says: "...you are responsible for verifying the information on the Shared Work Payments Report sent by the department. You must report any discrepancies in writing to the Shared Work Administrative Unit within ten working days."

Employee Layoff Guidelines

If it becomes necessary to layoff a participating employee for four consecutive weeks or more without a return to work date within an eight week period, please complete the *Shared Work Participant Status Change Request Form*. Mail or fax the form to the Shared Work Administrative Unit, and we will end their participation in the Shared Work Program.

Experience Rating

Shared Work benefits are charged to an employer's tax experience rating account in the same manner as regular unemployment benefits. For further Benefit Charging/Experience Rating information, go the Web at www.tax.go2ui.com or call 360-902-9670.

Causes for revoking a Shared Work plan (WAC 192-250-030)

The department may revoke your Shared Work plan for good cause, such as:

1. An employer's failure within ten working days to:
 - a. Report a change in your ES reference number.
 - b. Report an impending sale or transfer of the business or company.
 - c. Report a change in the designated employer representative.
 - d. Provide wage and hour reports, documents, or other information needed by the Shared Work Administrative Unit to decide if the employer or employees are eligible for participation in Shared Work.
 - e. Verify the information on the employer's Shared Work Payments Report, and notify the Shared Work Administrative Unit in writing of any discrepancies.
 - f. Conduct or occurrences tending to defeat the intent and effective operation of the plan, and violation of the criteria on which approval of the plan was based.
2. An employer's failure to maintain employee fringe benefits as required by WAC 192-250-025(2) while participating in the program.

If we revoke your plan, we will notify you in writing of the reasons and the date the plan ends.

Frequently Asked Questions

Does participation in the Shared Work Program affect a participating employee's ability to draw regular unemployment benefits?

No, provided there are funds available in his or her claim.

How are Shared Work benefits different from regular unemployment benefits?

Shared Work benefits are calculated differently than regular benefits. Calculation of Shared Work benefits is based on the percent in reduction of **hours** worked in the week claimed (refer to the Shared Work Payment Calculation Chart in the tear out section).

Regular benefits are calculated based on a deduction for the amount of gross **earnings** reported each week (refer to the Earnings Deduction Chart in the tear out section).

What if my employees need assistance before the Shared Work Compensation Plan Application is approved and in effect?

The Shared Work Program is not retroactive. If you need to reduce your employees' hours prior to receiving a plan approval or denial decision for your Shared Work application, the employee may call the TeleCenter at 800-318-6022 to ask if they qualify for regular unemployment. They may also file an application for regular benefits online at www.go2ui.com. **Until a plan approval is decided, your employees do not qualify for Shared Work benefits.**

How will my business benefit from checking 'YES' to question #8 (Modification Statement) on the Shared Work Plan Application?

Answering "yes" allows you to add additional employees after the approved plan start date. You may also modify the number of hours an employee works during a week according to the needs of your business. Adding employees to an approved plan is subject to the same eligibility review that applied to the original plan.

How long does it take to add participants to an existing employer Shared Work Compensation Plan?

If qualified, we will add employees to the plan within the week the participant list is received.

Why do I need to use the *Shared Work Compensation Plan Participant List* provided? Why can't I use my own Excel spreadsheet?

The Shared Work forms are formatted to expedite entering data into the computer system. Any variations of this form delays the process. If you use Excel, Word or a PDF file to complete the participant list, you can use our new Web form link to upload your participants. Forms and upload applications are located on the Web at www.esd.wa.gov/business.

Is there a waiting week in the Shared Work Program like there is in regular Unemployment Insurance?

Yes. One waiting week per benefit year must be served prior to the payment of any benefits.

What Paid Hours are Reportable?

All paid hours are reportable. Shared Work participants must report all paid sick, holiday, and vacation hours and earnings as regular work hours and earnings. Report self-employment separately under the question, "Did you work in self-employment?" Report any second jobs or other reportable earnings under the question, "Did you have any other reportable earnings?"

What is the minimum and maximum number of hours my employees can work during a week and still receive Shared Work benefits?

Your employees must be paid for at least 20 hours, but no more than 36 hours, during a given week to receive Shared Work benefits. Paid hours include any combination of paid sick, holiday, or vacation time. For any week they have less than 20 paid hours or more than 36 hours to report, we will process the claims using the calculation for regular benefits.

I have several businesses, but under different Employment Security Reference Numbers. Do I need a separate application for each business?

Yes. The Unemployment Insurance Tax and Wage Administration and Shared Work Administrative Unit consider each ES Reference number an individual entity.

What if I don't need the *Shared Work Compensation Plan* once my plan has been approved? Am I obligated to continue?

No. Approved unused plans still count as one plan. Employer participation in the Shared Work Program is strictly voluntary. An employer can discontinue an active plan at any time.

Is there a limit on the number of approved *Shared Work Compensation Plan Applications* I can have?

Yes. An employer may have two Shared Work Plans within a three year period beginning with the effective date of the first plan. One year must elapse after the expiration date of the second approved plan before we can consider a new *Shared Work Compensation Plan Application*.

Does being approved for a previous plan guarantee approval for subsequent plans?

No. Each *Shared Work Compensation Plan Application* package is reviewed on its own merits. Because a previous plan is approved does not mean we automatically approve subsequent plans.

If all or some of my employees are covered by a collective bargaining agreement, am I required to discuss this program with the union?

Yes. By law, the collective bargaining agent must also sign the application.

Are "employee-leasing agencies" eligible for Shared Work?

No. A leasing agency is considered a third party entity that, for a fee, places employees of a client onto its payroll and leases such employees back to the client (RCW 50.04.245). Employees are on the leasing company's payroll and are leased back to the fee-paying employer where the work is actually performed. Because the actual work performed is related to the business activity of the fee-paying employer, and not the leasing agency, a *Shared Work Compensation Plan Application* would not be approved for an employee-leasing agency.

Appendix

SHARED WORK EMPLOYER INFORMATION

Shared Work Laws (RCW)
Shared Work Rules (WAC)
Employer Representative Responsibilities
District Tax Offices

TEAR OUT PAGES FOR YOUR REFERENCE

Shared Work Compensation Plan Application
Shared Work Compensation Plan Participant List
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Shared Work Payment Calculation Chart
Claim Calendar/Earnings Deduction Chart
Shared Work Participant Status Change Request Form
Request for Employer Information
Business Change Form/Amended Tax & Wage Report

EMPLOYER REPRESENTATIVES: Please copy and distribute the following forms to your Shared Work Participants.

You've Applied for Shared Work Benefits What's Next?
What Will I Be Asked When I Claim Each Week?
Employee Responsibilities
Shared Work Calculation Chart
Current Claim Calendar

RCW CHAPTER 50.60

Shared Work Compensation Plans -- Benefits

Sections:

50.60.010	<u>Legislative intent.</u>
50.60.020	<u>Definitions.</u>
50.60.030	<u>Shared work compensation plan--Criteria for approval.</u>
50.60.040	<u>Shared work compensation plan--Approval or rejection--Resubmission.</u>
50.60.050	<u>Approved shared work compensation plan--Misrepresentation--Penalties.</u>
50.60.060	<u>Approved shared work compensation plan--Effective date--Expiration.</u>
50.60.070	<u>Approved shared work compensation plan--Revocation--Review of plans.</u>
50.60.080	<u>Approved shared work compensation plan--Modification.</u>
50.60.090	<u>Shared work benefits--Eligibility.</u>
50.60.100	<u>Shared work benefits--Weekly amount--Maximum entitlement--Claims--Conditions of entitlement.</u>
50.60.110	<u>Shared work benefits--Charge to employers' experience rating accounts.</u>
50.60.120	<u>Shared work benefits--Exhaustee.</u>
50.60.900	<u>Title and rules to apply to shared work benefits--Conflict with federal requirements.</u>
50.60.901	<u>Rules--Report to legislature--1983 c 207.</u>
50.60.902	<u>Effective date--1983 c 207.</u>

RCW 50.60.010 Legislative intent.

In order to provide an economic climate conducive to the retention of skilled workers in industries adversely affected by general economic downturns and to supplement depressed buying power of employees affected by such downturns, the legislature finds that the public interest would be served by the enactment of laws providing greater flexibility in the payment of unemployment compensation benefits in situations where qualified employers elect to retain employees at reduced hours rather than instituting layoffs.

[1983 c 207 § 1.]

RCW 50.60.020 Definitions.

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Affected unit" means a specified plant, department, shift, or other definable unit consisting of one or more employees, to which an approved shared work compensation plan applies.

(2) "Fringe benefits" include health insurance, retirement benefits under benefit pension plans as defined in section 3(35) of the employee retirement income security act of 1974, paid vacation and holidays, and sick leave, which are incidents of employment in addition to cash remuneration.

(3) "Shared work benefits" means the benefits payable to employees in an affected unit under an approved shared work compensation plan as distinguished from the benefits otherwise payable under this title.

(4) "Shared work compensation plan" means a plan of an employer, or of an employers' association, under which there is a reduction in the number of hours worked by employees rather than temporary layoffs.

(5) "Shared work employer" means an employer, one or more of whose employees are covered by a shared work compensation plan.

(6) "Usual weekly hours of work" means the normal number of hours of work for full-time employees in the affected unit when that unit is operating on a full-time basis, not to exceed forty hours and not including overtime.

(7) "Unemployment compensation" means the benefits payable under this title other than shared work benefits and includes any amounts payable pursuant to an agreement under federal law providing for compensation, assistance, or allowances with respect to unemployment.

(8) "Employers' association" means an association which is a party to a collective bargaining agreement under which there is a shared work compensation plan. [1983 c 207 § 2.]

RCW 50.60.030 Shared work compensation plan--Criteria for approval.

An employer or employers' association wishing to participate in a shared work compensation program shall submit a written and signed shared work compensation plan to the commissioner for approval. The commissioner shall approve a shared work compensation plan only if the following criteria are met:

- (1) The plan identifies the affected units to which it applies;
- (2) An employee in an affected unit are identified by name, social security number, and by any other information required by the commissioner;
- (3) The usual weekly hours of work for an employee in an affected unit are reduced by not less than ten percent and not more than fifty percent;
- (4) Fringe benefits will continue to be provided on the same basis as before the reduction in work hours. In no event shall the level of health benefits be reduced due to a reduction in hours;
- (5) The plan certifies that the aggregate reduction in work hours is in lieu of temporary layoffs which would have affected at least ten percent of the employees in the affected units to which the plan applies and which would have resulted in an equivalent reduction in work hours;
- (6) The plan applies to at least ten percent of the employees in the affected unit;
- (7) The plan is approved in writing by the collective bargaining agent for each collective bargaining agreement covering any employee in the affected unit;
- (8) The plan will not subsidize seasonal employers during the off season nor subsidize employers who have traditionally used part-time employees; and
- (9) The employer agrees to furnish reports necessary for the proper administration of the plan and to permit access by the commissioner to all records necessary to verify the plan before approval and after approval to evaluate the application of the plan.

In addition to subsections (1) through (9) of this section, the commissioner shall take into account any other factors which may be pertinent. [1985 c 43 § 1; 1983 c 207 § 3.]

NOTES:

Conflict with federal requirements--1985 c 43: "If any part of this act is found to be in conflict with federal requirements which are a prescribed condition to the allocation of federal funds to the state or the eligibility of employers in this state for federal unemployment tax credits, the conflicting part of this act is hereby declared to be inoperative solely to the extent of the conflict, and such finding or determination shall not affect the operation of the remainder of this act. The rules under this act shall meet federal requirements which are a necessary condition to the receipt of federal funds by the state or the granting of federal unemployment tax credits to employers in this state." [1985 c 43 § 2.]

Severability--1985 c 43: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1985 c 43 § 3.]

RCW 50.60.040 Shared work compensation plan--Approval or rejection--Resubmission.

The commissioner shall approve or reject a shared work compensation plan in writing within fifteen days of its receipt. The reasons for the rejection shall be final and nonappealable, but the rejection shall not prevent an employer from submitting another plan for approval not earlier than fifteen days after the date of a previous written rejection. [1983 c 207 § 4.]

RCW 50.60.050 Approved shared work compensation plan--Misrepresentation--Penalties.

If an approved plan or any representation for implementation of the plan is intentionally and substantially misleading or false, any individual who participated in any such misrepresentation shall be subject to criminal prosecution as well as personal liability for any amount of benefits deemed by the commissioner to have been improperly paid from the fund as a result thereof. This provision for personal liability is in addition to any remedy against individual claimants for collection of overpayment of benefits if such claimants participated in or were otherwise at fault in the overpayment. [1983 c 207 § 5.]

RCW 50.60.060 Approved shared work compensation plan--Effective date--Expiration.

A shared work compensation plan shall be effective on the date specified in the plan or on the first day of the second calendar week after the date of the commissioner's approval, whichever is later. The plan shall expire at the end of the twelfth full calendar month after its effective date, or on the date specified in the plan if that date is earlier, unless the plan is revoked before that date by the commissioner. If a plan is revoked by the commissioner, it shall terminate on the date specified in the commissioner's order of revocation. [1983 c 207 § 6.]

RCW 50.60.070 Approved shared work compensation plan--Revocation--Review of plans.

The commissioner may revoke approval of a shared work compensation plan for good cause. The revocation order shall be in writing and shall specify the date the revocation is effective and the reasons for the revocation. Good cause for revocation shall include failure to comply with the assurances given in the plan, unreasonable revision of productivity standards for the affected unit, conduct or occurrences tending to defeat the intent and effective operation of the plan, and violation of the criteria on which approval of the plan was based. Such action may be initiated at any time by the commissioner on his or her own motion, on the motion of any of the affected unit employees, or on the motion of the appropriate collective bargaining agents. The commissioner shall review each plan at least once within the twelve month period the plan is in effect to assure that it continues to meet the requirements of this chapter. [1983 c 207 § 7.]

RCW 50.60.080 Approved shared work compensation plan--Modification.

An approved shared work compensation plan in effect may be modified with the approval of the commissioner. If the hours of work are increased or decreased beyond the level in the original plan, or any other condition is changed, the employer shall promptly notify the commissioner. If the changes meet the requirements for approval of a plan, the commissioner shall approve the modifications. This approval shall not change the expiration date of the original plan. If the modifications do not meet the requirements for approval, the commissioner shall revoke the plan as specified in [RCW 50.60.060](#). [1983 c 207 § 8.]

RCW 50.60.090 Shared work benefits--Eligibility.

An individual is eligible to receive shared work benefits with respect to any week only if, in addition to meeting the conditions of eligibility for other benefits under this title, the commissioner finds that:

- (1) The individual was employed during that week as a member of an affected unit under an approved shared work compensation plan which was in effect for that week;
- (2) The individual was able to work and was available for additional hours of work and for full-time work with the shared work employer; and
- (3) Notwithstanding any other provision of this chapter, an individual is deemed to have been unemployed in any week for which remuneration is payable to him or her as an employee in an affected unit for less than his or her normal weekly hours of work as specified under the approved shared work compensation plan in effect for that week. [1983 c 207 § 9.]

RCW 50.60.100 Shared work benefits--Weekly amount--Maximum entitlement--Claims--Conditions of entitlement.

- (1) The shared work weekly benefit amount shall be the product of the regular weekly unemployment compensation benefit amount multiplied by the percentage of reduction in the individual's usual weekly hours of work;
- (2) No individual is eligible in any benefit year for more than the maximum entitlement established for benefits under this title, including benefits under this chapter, nor may an individual be paid shared work benefits for more than a total of twenty-six weeks in any twelve-month period under a shared work compensation plan;
- (3) The shared work benefits paid an individual shall be deducted from the total benefit amount established for that individual's benefit year;
- (4) Claims for shared work benefits shall be filed in the same manner as claims for other benefits under this title or as prescribed by the commissioner by rule;
- (5) Provisions otherwise applicable to unemployment compensation claimants under this title apply to shared work claimants to the extent that they are not inconsistent with this chapter;
- (6)
 - (a) If an individual works in the same week for an employer other than the shared work employer and his or her combined hours of work for both employers are equal to or greater than the usual weekly hours of work with the shared work employer, the individual shall not be entitled to benefits under this chapter or title;
 - (b) If an individual works in the same week for both the shared work employer and another employer and his or her combined hours of work for both employers are less than his or her usual weekly hours of work, the benefit amount payable for that week shall be the weekly unemployment compensation benefit amount reduced by the same percentage that the combined hours are of the usual weekly hours of work. A week for which benefits are paid under this subsection shall count as a week of shared work benefits;
- (7) An individual who does not work during a week for the shared work employer, and is otherwise eligible, shall be paid his or her full weekly unemployment compensation benefit amount. Such a week shall not be counted as a week for which shared work benefits were received;
- (8) An individual who does not work for the shared work employer during a week but works for another employer, and is otherwise eligible, shall be paid benefits for that week under the partial unemployment compensation provisions of this title. Such a week shall not be counted as a week for which shared work benefits were received. [1983 c 207 § 10.]

RCW 50.60.110 Shared work benefits--Charge to employers' experience rating accounts.

Shared work benefits shall be charged to employers' experience rating accounts in the same manner as other benefits under this title are charged. Employers liable for payments in lieu of contributions shall have shared work benefits attributed to their accounts in the same manner as other benefits under this title are attributed. [1983 c 207 § 11.]

RCW 50.60.120 Shared work benefits--Exhaustee.

An individual who has received all of the shared work benefits, or all of the combined unemployment compensation and shared work benefits, available in a benefit year shall be considered an Exhaustee for purposes of the extended benefits program under chapter [50.22 RCW](#), and, if otherwise eligible under that chapter, shall be eligible to receive extended benefits. [1983 c 207 § 12.]

RCW 50.60.900 Title and rules to apply to shared work benefits--Conflict with federal requirements.

Unless inconsistent with or otherwise provided by this section, this title and rules adopted under this title apply to shared work benefits. To the extent permitted by federal law, those rules may make such distinctions and requirements as may be necessary with respect to unemployed individuals to carry out the purposes of this chapter, including rules defining usual hours, days, work week, wages, and the duration of plans adopted under this chapter. To the extent that any portion of this chapter may be inconsistent with the requirements of federal law relating to the payment of unemployment insurance benefits, the conflicting provisions or interpretations of this chapter shall be deemed inoperative, but only to the extent of the conflict. If the commissioner determines that such a conflict exists, a statement to that effect shall be filed with the governor's office for transmission to both houses of the legislature. [1983 c 207 § 13.]

RCW 50.60.901 Rules

The department shall adopt such rules as are necessary to carry out the purposes of chapter 207, Laws of 1983. [1998 c 245 § 101; 1983 c 207 § 14.]

RCW 50.60.902 Effective date--1983 c 207.

This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect with the weeks beginning after July 31, 1983. [1983 c 207 § 16.]

WAC Chapter 192-250 Shared Work

Sections:

- 192-250-005 [Definitions.](#)
- 192-250-010 [What is the shared work program and who can participate?](#)
- 192-250-015 [When is an employer eligible to participate in the shared work program?](#)
- 192-250-020 [What is the criteria for having a shared work plan approved?](#)
- 192-250-025 [What are the requirements for employers with an approved shared work plan?](#)
- 192-250-030 [What are the grounds for revoking a shared work plan?—RCW 50.60.070.](#)
- 192-250-035 [Information for employees participating in an approved shared work plan.](#)
- 192-250-045 [Who is not eligible for participation in the shared work program?](#)

WAC 192-250-005 Definitions.

For purposes of this chapter:

- (1) "Full time employment" means paid time of thirty-five to forty hours each week.
- (2) "General economic downturn" means a regional slowdown in work within an industry that is not due to factors that are typical for the industry or occupation.
- (3) "Seasonal employment" is defined in [WAC 192-100-040](#).

WAC 192-250-010 What is the shared work program and who can participate?

- (1) The shared work program is a voluntary program that offers Washington employers an alternative to laying off skilled employees during periods of general economic downturn.
- (2) An employer may reduce an employee's full-time weekly work hours from ten to fifty percent and the employee can receive the same percentage of unemployment benefits. For example, an eligible employee who normally works forty hours each week is reduced to thirty hours per week, a reduction of twenty-five percent. The employee is eligible to receive twenty-five percent of his or her weekly benefit amount, regardless of the wages earned that week.
- (3) Both public and private sector employers are eligible to participate in the program.
- (4) An employer or employers' association must submit a signed shared work plan application to the commissioner for approval. A plan that meets the approval criteria listed in [RCW 50.60.030](#) and this chapter will be approved for a maximum of fifty-two weeks.

WAC 192-250-015 When is an employer eligible to participate in the shared work program?

A business must be legally registered in the state of Washington for at least six months (one hundred eighty days) before applying for the shared work program. "Registration" includes being issued an Employment Security (ES) reference number as well as a Unified Business Identifier (UBI) number.

WAC 192-250-020 What is the criteria for having a shared work plan approved?

In addition to the criteria listed in RCW 50.60.030, employers must:

- (1) Be current in the payment of all unemployment insurance taxes required under Title 50 RCW, or have an approved deferred payment contract on file with the department;
- (2) Include their ES reference number on the plan application; and
- (3) Designate a representative to be a liaison between the department and the employees who participate in the shared work plan.

WAC 192-250-025 What are the requirements for employers with an approved shared work plan?

(1) **What information am I responsible for providing to my employees?** When your shared work plan is approved, you are responsible for telling your employees:

- (a) They are approved for participation in the shared work program;
- (b) How to apply for shared work benefits; and
- (c) How to file their weekly claims.

(2) **What employee fringe benefits do I have to provide while participating in the shared work program?**

(a) You must continue to provide your employees with health benefits and with retirement benefits for defined pension plans under Section 3(35) of the Employee Retirement Income Security Act of 1974. You must maintain these benefits for your shared work employees as though their weekly hours had not been reduced.

(b) You must continue to provide paid vacation, holiday, and sick leave on the same basis as before their hours were reduced.

(c) Other benefits such as long-term disability and life insurance are optional. You may choose to provide these benefits but they are not a requirement for participation in the program.

(3) **What is required if the business name is changed?** You must report any change in your business name to the shared work program unit within ten working days.

(4) What is required if the designated employer representative is changed? You must notify the shared work unit of the change within ten working days.

(5) **Can I modify an approved shared work plan?** Answering "yes" to plan modification on your application allows additional employees or units of your business to be added after the approved plan start date. You may also modify the number of hours an employee works during a week according to the needs of your business. Adding new employees or units to an approved plan is subject to the same eligibility review that applied to the original plan.

(6) **Can I change the definition of full-time work for my employees?** No. Once you have established the number of hours that are full-time for the worker on the original application, this number may not be modified.

(7) **What other information am I responsible for giving the department?** In addition to the application for participation in the program, you are responsible for verifying the information on the report of shared work payments sent by the department. You must report any discrepancies to the shared work unit in writing within ten working days.

(8) **How many shared work plans may I have?** (a) You may have two shared work plans within a three year period beginning with the effective date of the first plan. We will review each shared work plan application to see if it meets the eligibility requirements. Even if a previous plan was approved, this does not mean subsequent plans are automatically approved.

(b) You will not be eligible for a new plan until at least twelve months after the expiration date of the second approved plan.

(c) A plan may be approved for up to twelve months from the effective date. Plans approved for fewer than twelve months still count as one plan.

(d) If your business is approved for a shared work plan, but your employees do not claim shared work benefits during the life of the plan, it will still be treated as one plan.

(e) The commissioner may, in individual cases and at his or her discretion, waive the twelve month waiting period in subsection (b).

(9) **What if my ES reference number changes?** You must report the change to the shared work unit within ten working days. A change in ES reference number represents a change in employer and the existing shared work plan will be canceled. The successor employer may submit a new shared work plan application to the department for review.

WAC 192-250-030 What are the grounds for revoking a shared work plan?—RCW 50.60.070.

The department may revoke a shared work plan for good cause. In addition to the factors listed in [RCW 50.60.070](#), "good cause" includes, but is not limited to:

- (1) An employer's failure within ten working days to:
 - (a) Report a change in their ES reference number.
 - (b) Report an impending sale or transfer of the business or company.
 - (c) Report a change in the designated employer representative.
 - (d) Provide wage and hour reports, documents, or other information needed by the shared work unit to decide if the employer or employee(s) is eligible for participation in the shared work program.
 - (e) Verify the information on the employer's shared work payments report, and notify the shared work unit of any discrepancies in writing.
- (2) An employer's failure to maintain employee fringe benefits as required by [WAC 192-250-025\(2\)](#) while participating in the program.

WAC 192-250-035 Information for employees participating in an approved shared work plan.

- (1) **What are the requirements for participating in my employer's plan?** You must have at least four hundred sixty hours of work with this employer in the calendar quarter before the quarter in which your employer's application is submitted.
- (2) **When do I apply for benefits?** Your employer representative will tell you if you need to apply for benefits and how to do so. If you have a current valid claim, you do not need to apply again.
- (3) **How do I file my weekly claim for benefits?** See [WAC 192-140-005](#) for instructions on filing weekly claims. You must also report the number of hours you were paid for holidays, vacations, or sick leave. You must report hours and gross earnings for part-time and second jobs, plus your hours and net earnings from any self-employment. You can file weekly claims by telephone or over the internet.
- (4) **What happens if the total number of hours worked is not a whole number?** If the total number of hours you worked in a week includes a fraction of an hour, the department will round the total down to the next whole number. This rounded number will be compared to your usual hours of work to calculate your shared work benefit payment for the week. For example: You work 28.5 hours of a normal 40 hour week. The 28.5 hours is rounded down to 28 hours and then divided by 40, meaning you worked 70 percent of the available hours. Your shared work payment would be 30 percent of your regular weekly benefit amount.
- (5) **What happens if I don't work all scheduled hours for my shared work employer?** (a) You are not eligible for shared work benefits for any week that you do not work all hours you have been scheduled by your shared work employer. (b) You must be available for additional hours of work, up to full time, with the shared work employer. If your employer gives you at least 24 hours' notice that additional work is available and you do not work those additional hours, you are not eligible for shared work benefits for that week. (c) When you are not eligible for shared work benefits in any week claimed, your claim will be processed as a regular unemployment claim.
- (6) **Do I have to look for work while participating in the shared work program?** No. You are not required to look for work while participating in the shared work program.
- (7) **Is there a minimum or maximum number of hours I can work in a week and still receive shared work benefits?** You must have 20 to 36 hours of paid time during a week to receive shared work benefits. In any week you are paid for fewer than 20 hours or more than 36 hours, your claim will be processed as a regular unemployment claim.
- (8) **How long can I receive shared work benefits?** You can receive up to 26 weeks of shared work payments during your benefit year, depending on the maximum amount of benefits available on your claim. The 26 weeks do not have to be claimed consecutively. Your waiting week counts as one of the 26 weeks of shared work payments.

WAC 192-250-045 Who is not eligible for participation in the shared work program?

(1) The following employees are not eligible for participation in the shared work program:

(a) Employees paid on any basis other than hourly wage. This includes, but is not limited to, employees paid on a piece rate, mileage rate, job rate, salary, or commission basis. The commissioner may waive this provision for employees paid on a piece rate basis if an hourly rate of pay can be established.

(b) Officers of the corporation that is applying for participation.

(2) The following businesses are not eligible for participation in the shared work program:

(a) Businesses with a benefit ratio of more than 5.4 percent.

(b) Nonqualified employers, meaning employers who have reported no payroll for four consecutive quarters.

Employer Representative Responsibilities

- You will receive a written approval of your plan. If you are notified by e-mail, you will receive electronic versions of the documents necessary to get your employees started and to maintain your Shared Work plan.
- Copy and distribute the following forms to your Shared Work employees:
 - You've Applied for Shared Work Benefits What's Next?
 - What Will I Be Asked When I Claim Each Week?
 - Employee Responsibilities
 - Shared Work Calculation Chart
 - Current Claim Calendar
- You will receive a printout of your **Shared Work Participants** listing the employees approved to participate in your Shared Work Plan. Compare this print-out to your copy of the participant list for accuracy and completeness. You are responsible to notify your employees of their eligibility for the program.
- A Shared Work staff member will contact you if we need additional information in order to process your plan. If we approve your plan, we will schedule a review of the process by phone to give you instructions on completing and submitting all forms and to answer any questions.
- Please review the Participant Applications for Shared Work Benefits and Unemployment Insurance Continued Claim forms completed by your employees. Fax the completed forms to Shared Work at 360-586-5601 or 360-586-5602 or mail them to Shared Work, P.O. Box 9046, Olympia, WA 98507-9046.
- A Shared Work staff member will contact you after we process the forms. We will instruct you to have your employees begin to file a weekly claim by Internet or telephone. Direct your employees to continue to file a claim every week even if they work full-time in a particular week.
- To **add** employees to an existing plan, submit a **Shared Work Compensation Plan Participant List. Additions are subject to the same eligibility review that applied to the original plan.** We will only add eligible employees to your plan effective the week in which the request to add is received.
- To **remove** a participant from a plan, submit a **Shared Work Participant Status Change Request Form.** Refer to the form for specific completion instructions.
- You will receive a *Shared Work Payments Report* weekly. Please cross-reference this report with your payroll records. You can make corrections using the *Request for Employer Information* form. Please have the employee(s) sign the form to verify the corrections you make. Please do not return the *Request for Employer Information* form if everything is correct.

District Tax Offices		
020 - COPEs Main Number: 360-902-9780 Fax: 360-902-9287 212 Maple Park PO Box 9046 Olympia - 98507-9046	030 - Bankruptcies Main Number: 360-902-9780 Fax: 360-902-9287 212 Maple Park PO Box 9046 Olympia - 98507-9046	040 - Indian Affairs Section Main Number: 360-902-9780 Fax: 360-902-9287 212 Maple Park PO Box 9046 Olympia - 98507-9046
050 - Out of State Main Number: 509-574-0179 Fax: 509-574-0113 PO Box 10708 Yakima - 98909	060 - Other State Agencies Main Number: 360-902-9780 Fax: 360-902-9287 PO Box 9046 Olympia WA 98507-9046	080-Underground Economy Main Number: 360-902-9450 Fax: 360-902-9214 PO Box 9046 Olympia WA 98507-9046
090-SUTA Dumping Main Number: 360-902-9450 Fax: 360-902-9214 PO Box 9046 Olympia WA 98507-9046	100 - Bellingham Main Number: 360-676-2070 Fax: 360-738-6180 1904B Humboldt St PO Box 978 Bellingham - 98227	150 - Lynnwood Main Number: 425-774-2380 Fax: 425-774-2391 20311 52nd Ave W, Ste 301 PO Box 2642 Lynnwood - 98036
200 - Seattle North Main Number: 206-706-3801 Fax: 206-706-3803 8746 Mary Ave NW Seattle - 98107	300 - Bellevue Main Number: 425-649-4388 Fax: 425-649-4470 1530 140th Ave NE, Suite 100 PO Box 66 Bellevue - 98009 <	400 - South Sound (Tacoma) Main Number: 253-593-7380 Fax: 253-593-7399 1301 Tacoma Ave S Tacoma - 98402
600 - Vancouver Main Number: 360-735-5050 Fax: 360-735-5049 5411 E Mill Plain Blvd, #14 Vancouver - 98661	650 - Wenatchee Main Number: 509-662-0448 Fax: 509-665-3749 215 Bridge St Wenatchee - 98807	700 - Yakima Main Number: 509-574-0137 Fax: 509-574-0113 306 Division St PO Box 10708 Yakima - 98909
750 - Tri-Cities Main Number: 509-735-0939 Fax: 509-735-0932 4310 W 24th Ave Kennewick - 99338	800 - Spokane Main Number: 509-532-3090 Fax: 509-532-3086 132 S Arthur St Spokane - 99202	

Shared Work Compensation Plan Application



Employment Security Department
WASHINGTON STATE

1. Company Information:

Name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Physical address location (if different from mailing address): _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____ County: _____

2. Employment Security (ES) Tax Reference Number:

United Business Identifier (UBI) Number: _____

Type of Business: _____

3. Your company must designate an employer representative responsible for being the contact and coordinating with the Shared Work Administrative Unit. Please provide this information below.

Name: _____ Job title: _____ E-mail: _____

Phone: _____ Extension: _____ Fax: _____

4. Alternate Employer Representative information:

Name: _____ Job title: _____ E-mail: _____

Phone: _____ Extension: _____ Fax: _____

5. Have you ever had a previously approved Shared Work plan? Yes: No:

6. When do you anticipate reducing weekly work hours? _____

7. Employer Certification -- I certify to the following:

- We will identify all of the affected hourly employees working full-time 35 to 40 hours a week and the affected employees assigned work shift.
- We will continue to maintain health benefits while hours are reduced.
- We will furnish all reports and information necessary for the proper administration of the plan to the Shared Work Administrative Unit.

8. Modification Statement: Authorization to modify the Shared Work Plan allows an employer to adjust the reduction of weekly work hours for participating employees or add employees to an existing plan. Any changes must meet the requirements of the original approved plan.

Our business would like the flexibility to modify our plan? Yes: No:

9. Employer signature: _____

Title: _____ Date: _____

10. Collective Bargaining Agent Information (if applicable):

Name: _____ Union: _____

Signature: _____ Local: _____

Shared Work Compensation Plan Participant List



This document is for the Employer Representative to request the Shared Work Administrative Unit to decide employees' eligibility for participation in the Shared Work Program.

Policy:

- If you submit a new plan application, the plan participant list **must** be included.
- If you want to add employees to an existing plan, send the plan participant list only. **All approved additions are effective the week in which the request is received and is not retroactive.**
- Please make sure the information on this form is legible and correct **before** sending it to the Shared Work Administrative Unit.

Please indicate if this information is for:

- A new shared work plan
- Adding employees to an existing shared work plan

Company Name and Location		Employment Security (ES) Tax Reference Number			Date
Employee Name	Employee Social Security Number (SSN)	Full Time (35 to 40 Hrs) (Y)es or (N)o	Regular Work Hours	Hire Date	Shift
Example: Doe, John Q	123-45-6789	Y/N	40	02/19/92	Swing

You've Applied For Shared Work Benefits – What's Next?



Employment Security Department
WASHINGTON STATE

TO START YOUR WEEKLY CLAIMS, YOU MUST FILE YOUR CLAIM ON TIME EACH WEEK OR WE MAY DENY YOUR BENEFITS.

What is a weekly claim?

It is a set of questions you answer about the week that just ended. Your answers tell us if you are eligible for unemployment benefits. If you do not file your claim on time each week, you may not receive payment.

How do I file my weekly claim?

You can claim by Internet or telephone. For Internet, go to www.go2ui.com and select *Weekly Claims*. For telephone, call 800-318-6022 (TTY 800-365-8969). You may have difficulty using cordless or cellular phones.

If you do not have a computer, you can use computers at your local library, WorkSource Office, or your employer may provide this service.

If you cannot use the Internet or the phone, contact your employer representative. You may need to file a paper continued claim form.

When do I file my first weekly claim?

You always claim for a week after it ends. All weeks end at midnight on Saturday night. So, Sunday is the first day you can file for the week that just ended.

The Sunday after you applied for unemployment or reopened your claim, is the first day you can make your weekly claim. You have until 5 p.m. on the last working day of the week to claim (this is usually a Friday, unless there is a state holiday).

Example

	MONTH						
	S	M	T	W	T	F	S
You applied for unemployment benefits during this week			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
You make your first weekly claim this week	20	21	22	23	24	25	26
	27	28	29	30	31		

What happens the first time I claim?

You will be asked to enter your Social Security number, the two-digit month and four-digit year you were born, and to create a personal identification number (PIN).

Your PIN is a four-digit code that you will need to file your claim each week. Be sure that it is a number you will remember.

Do not tell anyone your PIN; it is legally the same as signing your name. You are responsible for all payments made using your PIN.

How do I know if my claim was accepted?

The message "*your claim has now been accepted*" confirms that your claim is complete. If you disconnect or log out before getting this message, your claim will not be processed.

If we need more information, you will be instructed to call the TeleCenter's phone number. Please disregard that number and call the Shared Work Administrative Unit at 800-752-2500. If you do not call as instructed, your check may be delayed or denied.

If you are unsure whether your claim has been accepted, call the Weekly Claims Line (800-318-6022) at least 24 hours after filing your weekly claim and press (or say) "2".

What if my claim is late?

Our Internet and telephone systems do not accept late claims. If you try to claim late, or you miss a week, the system will not work for you. You need to **contact your Employer Representative to have your claim reopened**. We may deny you benefits if you do not claim on time.

You've Applied For Shared Work Benefits – What's Next?



Employment Security Department
WASHINGTON STATE

What Will I be Asked When I Claim Each Week?

You will be asked the following questions about the week that just ended. If you make a mistake, hang up and start over.

1. Were you physically able and available for work each day? (Paid leave is considered able and available.)
2. Did you make an active search for work as directed? **Active Shared Work participants must answer 'YES' to this question.**
3. Did you refuse any offer of work or fail to go for a scheduled job interview?
4. Have you applied for or received worker's or crime victim's compensation?*
5. Have you applied for or did you have a change in pension?*
6. Did you or will you receive holiday pay from your regular employer for any day of the week you're now claiming? **Active Shared Work participants must answer 'NO' to this question. Paid holiday hours and earnings must be reported as work hours and earnings on question #12.***
7. Did you or will you receive vacation pay for any day of the week you are now claiming? **Active Shared Work participants must answer 'NO' to this question. Paid vacation hours and earnings must be reported as work hours and earnings on question #12.***
8. Did you or will you receive pay in lieu of notice or termination pay for any day of the week you are now claiming?*
9. Did you serve on a jury?*
10. Did you perform duty in the Military Reserve or National Guard for more than 72 consecutive hours?*
11. Did you work in self-employment? **For self-employment, enter your net earnings.***
12. Did you work for any employer last week? (If yes, provide your employers business name, complete mailing address, and dates you worked.) **Include all paid sick, vacation, and holiday hours and earnings.***
13. Did you have any other reportable earnings?* If you are not sure whether these earnings are reportable, refer to your Unemployment Claims Kit or contact your Employer Representative.

*Report earnings in the week you earned them, not in the week you received them. Enter the total gross earnings before deductions. You will also be asked the total hours for which you had earnings.

Direct all questions to your Employer Representative.
Please do not contact the TeleCenter for assistance.

If you worked during the week, you may also be asked:

- Did you work for more than one employer?
- Was this work for the same employer as last week?
- Did you or will you work for the same employer this week?
- Have you had a reduction in hours due to a lack of work?
- Was your separation from employment due to:
 1. A lack of work?
 2. Reduced hours due to a lack of work?
 3. You were fired?
 4. You quit?
 5. Some other reason?

**File weekly claims online at www.go2ui.com or
call 800-318-6022.**

Employee Responsibilities

As a Shared Work participant, you are responsible for:

- Legibly completing and signing the *Participant Application for Shared Work Benefits* form and submitting it to your employer representative.
- Knowing your hourly rate of pay.
- Knowing when your weekly claim begins (Sunday) and ends (Saturday).
- Filing your weekly claims by Internet or telephone in a timely manner.
- Being able and available for **all** work offered by your employer.
- Accurately reporting all gross earnings and hours worked, including **paid** sick, vacation, and holiday hours for each week you claim. We may delay or deny benefits if you do not report all wages and hours correctly.
- Reporting **any** secondary employment or self-employment you have in each week you claim.
- Addressing all issues and questions about your claim with your employer representative.

You are **not** required to make an active search for work while participating in Shared Work. However, when you file your weekly claims by Internet or telephone, answer “**YES**” to question #2: “Did you make an active search for work as directed?” so that the computer system recognizes you as a Shared Work participant.

Shared Work Payment Calculation

	Hours	Percentage
Maximum	36	10.0%
	35	12.5%
	34	15.0%
	33	17.5%
	32	20.0%
	31	22.5%
	30	25.0%
Range of qualifying hours for Shared Work eligibility.	29	27.5%
	28	30.0%
	27	32.5%
	26	35.0%
	25	37.5%
	24	40.0%
	23	42.5%
	22	45.0%
	21	47.5%
Minimum	20	50.0%

Shared work payments are calculated based on the number of reduced work hours per week, and the corresponding percentage for the Weekly Benefit Amount (WBA).

First Quarter ~ 2009

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
1	JANUARY	4	5	6	7	8	9	10	52-9	1-02-10
2		11	12	13	14	15	16	17	1-10	1-09-10
3		18	19	20	21	22	23	24	2-10	1-16-10
4		25	26	27	28	29	30	31	3-10	1-23-10
5	FEBRUARY	1	2	3	4	5	6	7	4-10	1-30-10
6		8	9	10	11	12	13	14	5-10	2-06-10
7		15	16	17	18	19	20	21	6-10	2-13-10
8	MARCH	22	23	24	25	26	27	28	7-10	2-20-10
9		1	2	3	4	5	6	7	8-10	2-27-10
10		8	9	10	11	12	13	14	9-10	3-06-10
11		15	16	17	18	19	20	21	10-10	3-13-10
12		22	23	24	25	26	27	28	11-10	3-20-10
13	29	30	31	Apr 1	2	3	4	12-10	3-27-10	

Base Year: October 1, 2007, through September 30, 2008
Base Year Quarters: 4 of 2007; 1, 2, and 3 of 2008

Alternate Base Year: January 1, 2008, through December 31, 2008
Alternate Base Year Quarters: 1, 2, 3, and 4 of 2008

Third Quarter ~ 2009

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
27	JULY	5	6	7	8	9	10	11	26-10	7-03-10
28		12	13	14	15	16	17	18	27-10	7-10-10
29		19	20	21	22	23	24	25	28-10	7-17-10
30		26	27	28	29	30	31	Aug 1	29-10	7-24-10
31	AUGUST	2	3	4	5	6	7	8	30-10	7-31-10
32		9	10	11	12	13	14	15	31-10	8-07-10
33		16	17	18	19	20	21	22	32-10	8-14-10
34		23	24	25	26	27	28	29	33-10	8-21-10
35	30	31	Sep 1	2	3	4	5	34-10	8-28-10	
36	SEPTEMBER	6	7	8	9	10	11	12	35-10	9-04-10
37		13	14	15	16	17	18	19	36-10	9-11-10
38		20	21	22	23	24	25	26	37-10	9-18-10
39		27	28	29	30	Oct 1	2	3	38-10	9-25-10

Base Year: April 1, 2008, through March 31, 2009
Base Year Quarters: 2, 3, and 4 of 2008; 1 of 2009

Alternate Base Year: July 1, 2008, through June 30, 2009
Alternate Base Year Quarters: 3 and 4 of 2008; 1 and 2 of 2009

Second Quarter ~ 2009

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
14	APRIL	5	6	7	8	9	10	11	13-10	4-03-10
15		12	13	14	15	16	17	18	14-10	4-10-10
16		19	20	21	22	23	24	25	15-10	4-17-10
17		26	27	28	29	30	May 1	2	16-10	4-24-10
18	MAY	3	4	5	6	7	8	9	17-10	5-01-10
19		10	11	12	13	14	15	16	18-10	5-08-10
20		17	18	19	20	21	22	23	19-10	5-15-10
21		24	25	26	27	28	29	30	20-10	5-22-10
22		31	Jun 1	2	3	4	5	6	21-10	5-29-10
23	JUNE	7	8	9	10	11	12	13	22-10	6-05-10
24		14	15	16	17	18	19	20	23-10	6-12-10
25		21	22	23	24	25	26	27	24-10	6-19-10
26		28	29	30	Jul 1	2	3	4	25-10	6-26-10

Base Year: January 1, 2008, through December 31, 2008
Base Year Quarters: 1, 2, 3, and 4 of 2008

Alternate Base Year: April 1, 2008, through March 31, 2009
Alternate Base Year Quarters: 2, 3, and 4 of 2008; 1 of 2009

Fourth Quarter ~ 2009

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
40	OCTOBER	4	5	6	7	8	9	10	39-10	10-02-10
41		11	12	13	14	15	16	17	40-10	10-09-10
42		18	19	20	21	22	23	24	41-10	10-16-10
43		25	26	27	28	29	30	31	42-10	10-23-10
44	NOVEMBER	1	2	3	4	5	6	7	43-10	10-30-10
45		8	9	10	11	12	13	14	44-10	11-06-10
46		15	16	17	18	19	20	21	45-10	11-13-10
47		22	23	24	25	26	27	28	46-10	11-20-10
48	29	30	Dec 1	2	3	4	5	47-10	11-27-10	
49	DECEMBER	6	7	8	9	10	11	12	48-10	12-04-10
50		13	14	15	16	17	18	19	49-10	12-11-10
51		20	21	22	23	24	25	26	50-10	12-18-10
52		27	28	29	30	31	Jan 1	2	51-10	12-25-10

Base Year: July 1, 2008, through June 30, 2009
Base Year Quarters: 3 and 4 of 2008; 1 and 2 of 2009

Alternate Base Year: October 1, 2008, through September 30, 2009
Alternate Base Year Quarters: 4 of 2008; 1, 2, and 3 of 2009

First Quarter ~ 2010

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
1	JANUARY	3	4	5	6	7	8	9	52-10	1-01-11
2		10	11	12	13	14	15	16	1-11	1-08-11
3		17	18	19	20	21	22	23	2-11	1-15-11
4		24	25	26	27	28	29	30	3-11	1-22-11
5		31	Feb 1	2	3	4	5	6	4-11	1-29-11
6	FEBRUARY	7	8	9	10	11	12	13	5-11	2-05-11
7		14	15	16	17	18	19	20	6-11	2-12-11
8		21	22	23	24	25	26	27	7-11	2-19-11
9		28	Mar 1	2	3	4	5	6	8-11	2-26-11
10	MARCH	7	8	9	10	11	12	13	9-11	3-05-11
11		14	15	16	17	18	19	20	10-11	3-12-11
12		21	22	23	24	25	26	27	11-11	3-19-11
13		28	29	30	31	Apr 1	2	3	12-11	3-26-11
Base Year: October 1, 2008, through September 30, 2009 Base Year Quarters: 4 of 2008; 1, 2, and 3 of 2009										
Alternate Base Year: January 1, 2009, through December 31, 2009 Alternate Base Year Quarters: 1, 2, 3, and 4 of 2009										

Third Quarter ~ 2010

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
27	JULY	4	5	6	7	8	9	10	26-11	7-02-11
28		11	12	13	14	15	16	17	27-11	7-09-11
29		18	19	20	21	22	23	24	28-11	7-16-11
30		25	26	27	28	29	30	31	29-11	7-23-11
31		1	2	3	4	5	6	7	30-11	7-30-11
32	AUGUST	8	9	10	11	12	13	14	31-11	8-06-11
33		15	16	17	18	19	20	21	32-11	8-13-11
34		22	23	24	25	26	27	28	33-11	8-20-11
35		29	30	31	Sep 1	2	3	4	34-11	8-27-11
36	SEPTEMBER	5	6	7	8	9	10	11	35-11	9-03-11
37		12	13	14	15	16	17	18	36-11	9-10-11
38		19	20	21	22	23	24	25	37-11	9-17-11
39		26	27	28	29	30	Oct 1	2	38-11	9-24-11
Base Year: April 1, 2009, through March 31, 2010 Base Year Quarters: 2, 3, and 4 of 2009; 1 of 2010										
Alternate Base Year: July 1, 2009, through June 30, 2010 Alternate Base Year Quarters: 3 and 4 of 2009; 1 and 2 of 2010										

Second Quarter ~ 2010

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
14	APRIL	4	5	6	7	8	9	10	13-11	4-02-11
15		11	12	13	14	15	16	17	14-11	4-09-11
16		18	19	20	21	22	23	24	15-11	4-16-11
17		25	26	27	28	29	30	May 1	16-11	4-23-11
18	MAY	2	3	4	5	6	7	8	17-11	4-30-11
19		9	10	11	12	13	14	15	18-11	5-07-11
20		16	17	18	19	20	21	22	19-11	5-14-11
21		23	24	25	26	27	28	29	20-11	5-21-11
22		30	31	Jun 1	2	3	4	5	21-11	5-28-11
23		6	7	8	9	10	11	12	22-11	6-04-11
24	JUNE	13	14	15	16	17	18	19	23-11	6-11-11
25		20	21	22	23	24	25	26	24-11	6-18-11
26		27	28	29	30	Jul 1	2	3	25-11	6-25-11
Base Year: January 1, 2009, through December 31, 2009 Base Year Quarters: 1, 2, 3, and 4 of 2009										
Alternate Base Year: April 1, 2009, through March 31, 2010 Alternate Base Year Quarters: 2, 3, and 4 of 2009; 1 of 2010										

Fourth Quarter ~ 2010

Wk	Mo	S	M	T	W	T	F	S	Expires Wk-Yr	Expiration Date
40	OCTOBER	3	4	5	6	7	8	9	39-11	10-01-11
41		10	11	12	13	14	15	16	40-11	10-08-11
42		17	18	19	20	21	22	23	41-11	10-15-11
43		24	25	26	27	28	29	30	42-11	10-22-11
44		31	Nov 1	2	3	4	5	6	43-11	10-29-11
45	NOVEMBER	7	8	9	10	11	12	13	44-11	11-05-11
46		14	15	16	17	18	19	20	45-11	11-12-11
47		21	22	23	24	25	26	27	46-11	11-19-11
48		28	29	30	Dec 1	2	3	4	47-11	11-26-11
49	DECEMBER	5	6	7	8	9	10	11	48-11	12-03-11
50		12	13	14	15	16	17	18	49-11	12-10-11
51		19	20	21	22	23	24	25	50-11	12-17-11
52		26	27	28	29	30	31	Jan 1	51-11	12-24-11
Base Year: July 1, 2009, through June 30, 2010 Base Year Quarters: 3 and 4 of 2009, 1 and 2 of 2010										
Alternate Base Year: October 1, 2009, through September 30, 2010 Alternate Base Year Quarters: 4 of 2009; 1, 2 and 3 of 2010										

EARNINGS DEDUCTION CHART

Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction
0.00	5.00	= 0	85.01	86.33	= 61	166.34	167.66	= 122	247.67	249.00	= 183	329.01	330.34	= 244
5.01	6.33	= 1	86.34	87.66	= 62	167.67	169.00	= 123	249.01	250.33	= 184	330.35	331.67	= 245
6.34	7.66	= 2	87.67	89.00	= 63	169.01	170.33	= 124	250.34	251.66	= 185	331.68	333.00	= 246
7.67	9.00	= 3	89.01	90.33	= 64	170.34	171.66	= 125	251.67	253.00	= 186	333.01	334.34	= 247
9.01	10.33	= 4	90.34	91.66	= 65	171.67	173.00	= 126	253.01	254.33	= 187	334.35	335.67	= 248
10.34	11.66	= 5	91.67	93.00	= 66	173.01	174.33	= 127	254.34	255.66	= 188	335.68	337.00	= 249
11.67	13.00	= 6	93.01	94.33	= 67	174.34	175.66	= 128	255.67	257.00	= 189	337.01	338.34	= 250
13.01	14.33	= 7	94.34	95.66	= 68	175.67	177.00	= 129	257.01	258.33	= 190	338.35	339.67	= 251
14.34	15.66	= 8	95.67	97.00	= 69	177.01	178.33	= 130	258.34	259.66	= 191	339.68	341.00	= 252
15.67	17.00	= 9	97.01	98.33	= 70	178.34	179.66	= 131	259.67	261.00	= 192	341.01	342.34	= 253
17.01	18.33	= 10	98.34	99.66	= 71	179.67	181.00	= 132	261.01	262.33	= 193	342.35	343.67	= 254
18.34	19.66	= 11	99.67	101.00	= 72	181.01	182.33	= 133	262.34	263.66	= 194	343.68	345.00	= 255
19.67	21.00	= 12	101.01	102.33	= 73	182.34	183.66	= 134	263.67	265.00	= 195	345.01	346.34	= 256
21.01	22.33	= 13	102.34	103.66	= 74	183.67	185.00	= 135	265.01	266.33	= 196	346.35	347.67	= 257
22.34	23.66	= 14	103.67	105.00	= 75	185.01	186.33	= 136	266.34	267.66	= 197	347.68	349.00	= 258
23.67	25.00	= 15	105.01	106.33	= 76	186.34	187.66	= 137	267.67	269.00	= 198	349.01	350.34	= 259
25.01	26.33	= 16	106.34	107.66	= 77	187.67	189.00	= 138	269.01	270.33	= 199	350.35	351.67	= 260
26.34	27.66	= 17	107.67	109.00	= 78	189.01	190.33	= 139	270.34	271.66	= 200	351.68	353.00	= 261
27.67	29.00	= 18	109.01	110.33	= 79	190.34	191.66	= 140	271.67	273.00	= 201	353.01	354.34	= 262
29.01	30.33	= 19	110.34	111.66	= 80	191.67	193.00	= 141	273.01	274.33	= 202	354.35	355.67	= 263
30.34	31.66	= 20	111.67	113.00	= 81	193.01	194.33	= 142	274.34	275.66	= 203	355.68	357.00	= 264
31.67	33.00	= 21	113.01	114.33	= 82	194.34	195.66	= 143	275.67	277.00	= 204	357.01	358.34	= 265
33.01	34.33	= 22	114.34	115.66	= 83	195.67	197.00	= 144	277.01	278.33	= 205	358.35	359.67	= 266
34.34	35.66	= 23	115.67	117.00	= 84	197.01	198.33	= 145	278.34	279.66	= 206	359.68	361.00	= 267
35.67	37.00	= 24	117.01	118.33	= 85	198.34	199.66	= 146	279.67	281.00	= 207	361.01	362.34	= 268
37.01	38.33	= 25	118.34	119.66	= 86	199.67	201.00	= 147	281.01	282.33	= 208	362.35	363.67	= 269
38.34	39.66	= 26	119.67	121.00	= 87	201.01	202.33	= 148	282.34	283.66	= 209	363.68	365.00	= 270
39.67	41.00	= 27	121.01	122.33	= 88	202.34	203.66	= 149	283.67	285.00	= 210	365.01	366.34	= 271
41.01	42.33	= 28	122.34	123.66	= 89	203.67	205.00	= 150	285.01	286.33	= 211	366.35	367.67	= 272
42.34	43.66	= 29	123.67	125.00	= 90	205.01	206.33	= 151	286.34	287.66	= 212	367.68	369.00	= 273
43.67	45.00	= 30	125.01	126.33	= 91	206.34	207.66	= 152	287.67	289.00	= 213	369.01	370.34	= 274
45.01	46.33	= 31	126.34	127.66	= 92	207.67	209.00	= 153	289.01	290.33	= 214	370.35	371.67	= 275
46.34	47.66	= 32	127.67	129.00	= 93	209.01	210.33	= 154	290.34	291.66	= 215	371.68	373.00	= 276
47.67	49.00	= 33	129.01	130.33	= 94	210.34	211.66	= 155	291.67	293.00	= 216	373.01	374.34	= 277
49.01	50.33	= 34	130.34	131.66	= 95	211.67	213.00	= 156	293.01	294.33	= 217	374.35	375.67	= 278
50.34	51.66	= 35	131.67	133.00	= 96	213.01	214.33	= 157	294.34	295.66	= 218	375.68	377.00	= 279
51.67	53.00	= 36	133.01	134.33	= 97	214.34	215.66	= 158	295.67	297.00	= 219	377.01	378.34	= 280
53.01	54.33	= 37	134.34	135.66	= 98	215.67	217.00	= 159	297.01	298.33	= 220	378.35	379.67	= 281
54.34	55.66	= 38	135.67	137.00	= 99	217.01	218.33	= 160	298.34	299.66	= 221	379.68	381.00	= 282
55.67	57.00	= 39	137.01	138.33	= 100	218.34	219.66	= 161	299.67	301.00	= 222	381.01	382.34	= 283
57.01	58.33	= 40	138.34	139.66	= 101	219.67	221.00	= 162	301.01	302.33	= 223	382.35	383.67	= 284
58.34	59.66	= 41	139.67	141.00	= 102	221.01	222.33	= 163	302.34	303.66	= 224	383.68	385.00	= 285
59.67	61.00	= 42	141.01	142.33	= 103	222.34	223.66	= 164	303.67	305.00	= 225	385.01	386.34	= 286
61.01	62.33	= 43	142.34	143.66	= 104	223.67	225.00	= 165	305.01	306.33	= 226	386.35	387.67	= 287
62.34	63.66	= 44	143.67	145.00	= 105	225.01	226.33	= 166	306.34	307.66	= 227	387.68	389.00	= 288
63.67	65.00	= 45	145.01	146.33	= 106	226.34	227.66	= 167	307.67	309.00	= 228	389.01	390.34	= 289
65.01	66.33	= 46	146.34	147.66	= 107	227.67	229.00	= 168	309.01	310.33	= 229	390.35	391.67	= 290
66.34	67.66	= 47	147.67	149.00	= 108	229.01	230.33	= 169	310.34	311.66	= 230	391.68	393.00	= 291
67.67	69.00	= 48	149.01	150.33	= 109	230.34	231.66	= 170	311.67	313.00	= 231	393.01	394.34	= 292
69.01	70.33	= 49	150.34	151.66	= 110	231.67	233.00	= 171	313.01	314.33	= 232	394.35	395.67	= 293
70.34	71.66	= 50	151.67	153.00	= 111	233.01	234.33	= 172	314.34	315.66	= 233	395.68	397.00	= 294
71.67	73.00	= 51	153.01	154.33	= 112	234.34	235.66	= 173	315.67	317.00	= 234	397.01	398.34	= 295
73.01	74.33	= 52	154.34	155.66	= 113	235.67	237.00	= 174	317.01	318.34	= 235	398.35	399.67	= 296
74.34	75.66	= 53	155.67	157.00	= 114	237.01	238.33	= 175	318.35	319.67	= 236	399.68	401.00	= 297
75.67	77.00	= 54	157.01	158.33	= 115	238.34	239.66	= 176	319.68	321.00	= 237	401.01	402.34	= 298
77.01	78.33	= 55	158.34	159.66	= 116	239.67	241.00	= 177	321.01	322.34	= 238	402.35	403.67	= 299
78.34	79.66	= 56	159.67	161.00	= 117	241.01	242.33	= 178	322.35	323.67	= 239	403.68	405.00	= 300
79.67	81.00	= 57	161.01	162.33	= 118	242.34	243.66	= 179	323.68	325.00	= 240	405.01	406.34	= 301
81.01	82.33	= 58	162.34	163.66	= 119	243.67	245.00	= 180	325.01	326.34	= 241	406.35	407.67	= 302
82.34	83.66	= 59	163.67	165.00	= 120	245.01	246.33	= 181	326.35	327.67	= 242	407.68	409.00	= 303
83.67	85.00	= 60	165.01	166.33	= 121	246.34	247.66	= 182	327.68	329.00	= 243	409.01	410.34	= 304

Gross Earnings = Your earnings before deductions. **Earnings Deductions** = Amount deducted from your weekly Benefit Amount (WBA).

Computation: Gross Earnings minus \$5.00 times 75% equals the Earnings Deduction. All deductions are rounded up to the next higher dollar.

When your Earnings Deduction is equal to or more than your Weekly Benefit Amount, you are not eligible for benefit payments.

EARNINGS DEDUCTION CHART

Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction	Gross Earnings (From)	Earnings (To)	Earnings Deduction
410.35	411.67	= 305	490.34	491.67	= 365	570.35	571.67	= 425	650.35	651.67	= 485	730.35	731.67	= 545
411.68	413.00	= 306	491.68	493.00	= 366	571.68	573.00	= 426	651.68	653.00	= 486	731.68	733.00	= 546
413.01	414.34	= 307	493.01	494.33	= 367	573.01	574.34	= 427	653.01	654.34	= 487	733.01	734.34	= 547
414.35	415.67	= 308	494.34	495.67	= 368	574.35	575.67	= 428	654.35	655.67	= 488	734.35	735.67	= 548
415.68	417.00	= 309	495.68	497.00	= 369	575.68	577.00	= 429	655.68	657.00	= 489	735.68	737.00	= 549
417.01	418.33	= 310	497.01	498.33	= 370	577.01	578.34	= 430	657.01	658.34	= 490	737.01	738.34	= 550
418.34	419.67	= 311	498.34	499.67	= 371	578.35	579.67	= 431	658.35	659.67	= 491	738.35	739.67	= 551
419.68	421.00	= 312	499.68	501.00	= 372	579.68	581.00	= 432	659.68	661.00	= 492	739.68	741.00	= 552
421.01	422.33	= 313	501.01	502.33	= 373	581.01	582.34	= 433	661.01	662.34	= 493	741.01	742.34	= 553
422.34	423.67	= 314	502.34	503.67	= 374	582.35	583.67	= 434	662.35	663.67	= 494	742.35	743.67	= 554
423.68	425.00	= 315	503.68	505.00	= 375	583.68	585.00	= 435	663.68	665.00	= 495	743.68	745.00	= 555
425.01	426.33	= 316	505.01	506.33	= 376	585.01	586.34	= 436	665.01	666.34	= 496	745.01	746.34	= 556
426.34	427.67	= 317	506.34	507.67	= 377	586.35	587.67	= 437	666.35	667.67	= 497	746.35	747.67	= 557
427.68	429.00	= 318	507.68	509.00	= 378	587.68	589.00	= 438	667.68	669.00	= 498	747.68	749.00	= 558
429.01	430.33	= 319	509.01	510.33	= 379	589.01	590.34	= 439	669.01	670.34	= 499	749.01	750.34	= 559
430.34	431.67	= 320	510.34	511.67	= 380	590.35	591.67	= 440	670.35	671.67	= 500	750.35	751.67	= 560
431.68	433.00	= 321	511.68	513.00	= 381	591.68	593.00	= 441	671.68	673.00	= 501	751.68	753.00	= 561
433.01	434.33	= 322	513.01	514.33	= 382	593.01	594.34	= 442	673.01	674.34	= 502	753.01	754.34	= 562
434.34	435.67	= 323	514.34	515.67	= 383	594.35	595.67	= 443	674.35	675.67	= 503	754.35	755.67	= 563
435.68	437.00	= 324	515.68	517.00	= 384	595.68	597.00	= 444	675.68	677.00	= 504	755.68	757.00	= 564
437.01	438.33	= 325	517.01	518.33	= 385	597.01	598.34	= 445	677.01	678.34	= 505	757.01	758.34	= 565
438.34	439.67	= 326	518.34	519.67	= 386	598.35	599.67	= 446	678.35	679.67	= 506	758.35	759.67	= 566
439.68	441.00	= 327	519.68	521.00	= 387	599.68	601.00	= 447	679.68	681.00	= 507	759.68	761.00	= 567
441.01	442.33	= 328	521.01	522.33	= 388	601.01	602.34	= 448	681.01	682.34	= 508	761.01	762.34	= 568
442.34	443.67	= 329	522.34	523.67	= 389	602.35	603.67	= 449	682.35	683.67	= 509	762.35	763.67	= 569
443.68	445.00	= 330	523.68	525.00	= 390	603.68	605.00	= 450	683.68	685.00	= 510	763.68	765.00	= 570
445.01	446.33	= 331	525.01	526.33	= 391	605.01	606.34	= 451	685.01	686.34	= 511	765.01	766.34	= 571
446.34	447.67	= 332	526.34	527.67	= 392	606.35	607.67	= 452	686.35	687.67	= 512	766.35	767.67	= 572
447.68	449.00	= 333	527.68	529.00	= 393	607.68	609.00	= 453	687.68	689.00	= 513	767.68	769.00	= 573
449.01	450.33	= 334	529.01	530.33	= 394	609.01	610.34	= 454	689.01	690.34	= 514	769.01	770.34	= 574
450.34	451.67	= 335	530.34	531.67	= 395	610.35	611.67	= 455	690.35	691.67	= 515	770.35	771.67	= 575
451.68	453.00	= 336	531.68	533.00	= 396	611.68	613.00	= 456	691.67	693.00	= 516	771.68	773.00	= 576
453.01	454.33	= 337	533.01	534.33	= 397	613.01	614.34	= 457	693.01	694.34	= 517	773.01	774.34	= 577
454.34	455.67	= 338	534.34	535.67	= 398	614.35	615.67	= 458	694.35	695.67	= 518	774.35	775.67	= 578
455.68	457.00	= 339	535.68	537.00	= 399	615.68	617.00	= 459	695.68	697.00	= 519	775.68	777.00	= 579
457.01	458.33	= 340	537.01	538.33	= 400	617.01	618.34	= 460	697.01	698.34	= 520	777.01	778.34	= 580
458.34	459.67	= 341	538.34	539.67	= 401	618.35	619.67	= 461	698.35	699.67	= 521	778.35	779.67	= 581
459.68	461.00	= 342	539.68	541.00	= 402	619.68	621.00	= 462	699.68	701.00	= 522	779.68	781.00	= 582
461.01	462.33	= 343	541.01	542.33	= 403	621.01	622.34	= 463	701.01	702.34	= 523	781.01	782.34	= 583
462.34	463.67	= 344	542.34	543.67	= 404	622.35	623.67	= 464	702.35	703.67	= 524	782.35	783.67	= 584
463.68	465.00	= 345	543.68	545.00	= 405	623.68	625.00	= 465	703.68	705.00	= 525	783.68	785.00	= 585
465.01	466.33	= 346	545.01	546.33	= 406	625.01	626.34	= 466	705.01	706.34	= 526	785.01	786.34	= 586
466.34	467.67	= 347	546.34	547.67	= 407	626.35	627.67	= 467	706.35	707.67	= 527	786.35	787.67	= 587
467.68	469.00	= 348	547.68	549.00	= 408	627.68	629.00	= 468	707.68	709.00	= 528	787.68	789.00	= 588
469.01	470.33	= 349	549.01	550.33	= 409	629.01	630.34	= 469	709.01	710.34	= 529	789.01	790.34	= 589
470.34	471.67	= 350	550.34	551.67	= 410	630.35	631.67	= 470	710.35	711.67	= 530	790.35	791.67	= 590
471.68	473.00	= 351	551.68	553.00	= 411	631.68	633.00	= 471	711.68	713.00	= 531	791.68	793.00	= 591
473.01	474.33	= 352	553.01	554.33	= 412	633.01	634.34	= 472	713.01	714.34	= 532	793.01	794.34	= 592
474.34	475.67	= 353	554.34	555.66	= 413	634.35	635.67	= 473	714.35	715.67	= 533	794.35	795.67	= 593
475.68	477.00	= 354	555.67	557.00	= 414	635.68	637.00	= 474	715.68	717.00	= 534	795.68	797.00	= 594
477.01	478.33	= 355	557.01	558.34	= 415	637.01	638.34	= 475	717.01	718.34	= 535	797.01	798.34	= 595
478.34	479.67	= 356	558.35	559.67	= 416	638.35	639.67	= 476	718.35	719.67	= 536	798.35	799.67	= 596
479.68	481.00	= 357	559.68	561.00	= 417	639.68	641.00	= 477	719.68	721.00	= 537	799.68	801.00	= 597
481.01	482.33	= 358	561.01	562.34	= 418	641.01	642.34	= 478	721.01	722.34	= 538	801.01	802.34	= 598
482.34	483.67	= 359	562.35	563.67	= 419	642.35	643.67	= 479	722.35	723.67	= 539	802.35	803.67	= 599
483.68	485.00	= 360	563.68	565.00	= 420	643.68	645.00	= 480	723.68	725.00	= 540	803.68	805.00	= 600
485.01	486.33	= 361	565.01	566.34	= 421	645.01	646.34	= 481	725.01	726.34	= 541	805.01	806.34	= 601
486.34	487.67	= 362	566.35	567.67	= 422	646.35	647.67	= 482	726.35	727.67	= 542	806.35	807.67	= 602
487.68	489.00	= 363	567.68	569.00	= 423	647.68	649.00	= 483	727.68	729.00	= 543	807.68	809.00	= 603
489.01	490.33	= 364	569.01	570.34	= 424	649.01	650.34	= 484	729.01	730.34	= 544	809.01	810.34	= 604
												810.35	811.67	= 605

Gross Earnings = Your earnings before deductions. **Earnings Deductions** = Amount deducted from your weekly Benefit Amount (WBA).

Computation: Gross Earnings minus \$5.00 times 75% equals the Earnings Deduction. All deductions are rounded up to the next higher dollar.

When your Earnings Deduction is equal to or more than your Weekly Benefit Amount, you are not eligible for benefit payments.

Shared Work Participant Status Change Request Form



Employment Security Department
WASHINGTON STATE

This form **must** be submitted within 10 working days to notify the Shared Work Administrative Unit if an employee is no longer participating in the Shared Work Program.

Status Changes:

- Plan removal could be due to an employee being laid off due to lack of work, a voluntary quit, being fired, or voluntary employee or employer removal from the Shared Work Plan.
- Participants permanently separated from your company must be deleted from the Shared Work Plan.
- Participants laid off for four consecutive weeks or more without a definite return to work date within an eight week period must also be removed from the Shared Work Plan.

Please complete **all** information listed below and fax to the Shared Work Administrative Unit at 360-586-5601 or 360-586-5602.

Company Name and Location	Employment Security (ES) Reference Number		Date
Employee Name	Employee Social Security Number (SSN)	Reason For Separation: Quit (Q) Fired (F) Laid Off (LO)	Date of Separation
Example: Doe, John Q	123-45-6789	LO	04/03/09
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Request for Employer Information



Employment Security Department
WASHINGTON STATE

Please review the Shared Work Payment Report included and report any discrepancies of hours and earnings. If the reported hours and earnings are incorrect, provide the corrected hours and gross earnings in 2.a. and 2.b. below. Please also include any unpaid leave information for employees on the report.

When a claimant certifies eligibility for benefits we pay based on that certification.

WAC 192-250-025 says you are responsible for verifying the information contained on the Shared Work Payments Report provided by the department, and reporting any discrepancies in writing to the Shared Work Administrative Unit that is processing your employees' unemployment claims.

Please provide the following information on reporting discrepancies. Make copies of this form if there is more than one employee with a discrepancy.

Business Name: ES Employer Number: TeleCenter: 980	Claimant Name: Claimant SSN:
---	---

1. What claim week is in question? Week ending: _____
(Claim weeks run Sunday through midnight Saturday.)
2. If there is a difference in what your employee reported compared to your payroll records, complete a. and b. below (**regular hours worked also includes paid sick leave, holiday, and vacation hours/earnings**):
 - a. **Regular** hours worked: _____
 - b. **Regular** worked earnings: _____
3. If your employee was not available for all work offered, and had **unpaid** leave, what day(s) and hours were **unpaid**? _____

Please return this form no later than 10 days from date received to the address below (one for each employee):

Return to:
Employment Security Department
Shared Work Administrative Unit
P.O. Box 9046
Olympia, WA 98507-9046

Fax: 360-586-5601 or 360-586-5602

Toll free phone: 1-800-752-2500

The information I have provided is true to the best of my knowledge.

Shared Work employer/representative

Title *Date*

(_____)_____

Telephone number (including area code)

I agree with what my employer reports to be correct.

Claimant signature

Date

Business Change Form (Form 5208C-1)

USE THIS PAGE ONLY IF THERE HAS BEEN A BUSINESS CHANGE OR IF YOU DO NOT HAVE AN ES REFERENCE NUMBER

1) QTR ENDING DATE 2) CURRENT FEDERAL ID NUMBER 3) CURRENT UBI NUMBER 4) ES REFERENCE NUMBER

M M D D Y Y	ENTER CORRECT FEDERAL ID NUMBER	ENTER CORRECT UBI NUMBER	
	-		

5) IF THE MAILING ADDRESS OF YOUR BUSINESS HAS CHANGED, PLEASE ENTER NEW INFORMATION IN THE BOXES PROVIDED BELOW.

MAILING ADDRESS / PO BOX

CITY	STATE
ZIP CODE	

CHECK HERE IF THIS IS ALSO THE PHYSICAL LOCATION OF YOUR BUSINESS

6) CHANGE IN PRINCIPAL BUSINESS PHYSICAL LOCATION (IF YOU CHECKED THE BOX ABOVE, SKIP TO ITEM 6A)

STREET OR ROUTE NAME

CITY	STATE	ZIP CODE

6A) HAS YOUR PHONE OR FAX NUMBER CHANGED? IF YES, ENTER THE NEW NUMBER BELOW

AREA CODE	PHONE NUMBER
AREA CODE	FAX NUMBER

- 7) CEASED BUSINESS - NO SUCCESSOR, PLEASE CLOSE ACCOUNT
- 8) CONTINUING BUSINESS - NO EMPLOYEES, PLEASE CLOSE ACCOUNT
- 9) NO LONGER HAVE WASHINGTON EMPLOYEES - PLEASE CLOSE ACCOUNT
- 10) CHANGE IN BUSINESS ACTIVITY (DESCRIBE) _____

DATE LAST WAGES PAID

CLOSE ACCOUNT AS OF WHAT DATE?

M M D D Y Y

M M D D Y Y

11) NAME CHANGE, SOLD, LEASED OR OTHERWISE TRANSFERRED BUSINESS: NAME CHANGE ONLY - OWNERSHIP DID NOT CHANGE. (COMPLETE #12 BELOW)

FULL SALE PARTIAL SALE
% OF BUSINESS SOLD: _____ %

DATE OF SALE LAST DATE WAGES WERE PAID

M M D D Y Y	M M D D Y Y
-------------	-------------

12) CHANGE IN BUSINESS ENTITY (COMPLETE NEW BUSINESS NAME AND UBI# BELOW)

- CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY (LLC) LIMITED LIABILITY PARTNERSHIP (LLP) OTHER

NEW BUSINESS NAME ENTER NEW UBI NUMBER

NEW OWNER'S LAST NAME	FIRST NAME	AREA CODE	HOME PHONE NUMBER
SSN			

13) CHANGE FORM PREPARED BY - LAST NAME

PREPARER'S FIRST NAME	AREA CODE	PHONE NUMBER

OFFICE USE ONLY			
OFFICE NO.	STAFF ID	DATE	DTO

MAIL THIS COMPLETED CHANGE FORM TO:
EMPLOYMENT SECURITY DEPARTMENT, UI TAX AND WAGE ADMINISTRATION,
PO BOX 9046, OLYMPIA, WASHINGTON 98507-9046

Update Ownership Information - Required for all changes in owners or officers

(Form 5208C-2)

The **Amended Tax and Wage Report** form is now available online at www.forms.go2ui.com.

Use black ink.

All registered employers must complete this form to report changes in ownership or officers. You also can use this form if you have not previously reported this information to the department. Your company's business structure determines which information you must report.

DIRECTIONS: Check the box that represents your business structure*, then complete the required information for that structure in the spaces below.

- Sole proprietorship – include the business owner and spouse.
- Partnership – include all partners.
- Limited liability company – include all members (officers and owners).
- For-profit corporation – include all corporate officers. Do not include shareholders or officers' spouses.
- Nonprofit corporation – include all corporate officers, except those officers who volunteer their services and receive no compensation.
- Other (please specify): _____ – include information for at least one contact person.

1. Business Name _____	2. Federal ID Number _____
3. Preparer's Name _____	4. UBI Number _____
5. Preparer's Phone () _____	6. ES Reference Number _____

Last Name _____	First Name _____	MI _____
Title _____	Social Security Number _____	
Phone Number () _____	E-mail Address (optional) _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Date became owner/officer _____	End Date (if applicable) _____	
FOR-PROFIT CORPORATIONS ONLY, PLEASE COMPLETE THE FOLLOWING:		
Amount of stock owned:	<input type="checkbox"/> zero percent	<input type="checkbox"/> less than 10 percent
		<input type="checkbox"/> 10 percent or more
Is this person related to other officers who own 10 percent or more (i.e., parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name _____	First Name _____	MI _____
Title _____	Social Security Number _____	
Phone Number () _____	E-mail Address (optional) _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Date became owner/officer _____	End Date (if applicable) _____	
FOR-PROFIT CORPORATIONS ONLY, PLEASE COMPLETE THE FOLLOWING:		
Amount of stock owned:	<input type="checkbox"/> zero percent	<input type="checkbox"/> less than 10 percent
		<input type="checkbox"/> 10 percent or more
Is this person related to other officers who own 10 percent or more (i.e., parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Terms used in business structures are defined in rule. You can read the rule (WAC 192-310-010(2)(c)) online at www.wac.go2ui.com.

You may copy this form if additional space is needed. Please number your pages.

Page _____



**Employment
Security
Department**

WASHINGTON STATE

Unemployment Insurance Division
Shared Work Administrative Unit
PO Box 9046
Olympia WA 98507-9046
800-752-2500