Shared Work Compensation Plan
Participant List

Employment Security Department
WASHINGTON STATE

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