Shared Work Compensation Plan
Participant List

Employment Security Department
WASHINGTON STATE

The Employer Representative should use this form to request the Shared Work unit to determine employees' eligibility for the Shared Work program.

Policy:

1. If submitting a new *Shared Work Compensation Plan Application,* you must include the *Shared Work Compensation Plan Participant List*.
2. If you want to add employees to an existing plan, send a *Shared Work Compensation Plan Participant List* only. **All approved additions are effective the week we receive the request and are not retroactive.**
3. Before faxing to the Shared Work unit, please make sure the information on this form is legible and correct.

Please indicate if this information is for:

1. ☐ A new Shared Work plan
2. ☐ Adding employees to an existing Shared Work plan –**Do not send *Participant Applications for Shared Work Benefits* until you are notified of your employees' eligibility.**

Company name and location		**Employment Security Department (ESD) number Example: (XXXXXX-XX-X)**					**Today's date**
Employee name	**Employee Social Security Number (SSN)**	**Full time (35 to 40 Hrs) (Y)es or (N)o**	**Full time work hours**	**Hire date**	**Department**	**Union member (Y)es or (N)o**	**Agency use only**
Example: Doe, John Q	XXX-XX-XXXX	Y	40	02/19/92	Production	N	

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