

# Shared Work Compensation Plan Application



**Employment Security Department**  
WASHINGTON STATE

**1. Company information:**

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Physical location address (if different from mailing address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Employment Security Department (ESD) 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 write 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:**

- a. We will identify all of the affected hourly employees working full-time 35-40 hours a week and the affected employees assigned work shift.
- b. We will continue to maintain health benefits while hours are reduced.
- c. 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:

Employer signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Collective Bargaining Agent information (if applicable):**

Name: \_\_\_\_\_ Union: \_\_\_\_\_  
Signature: \_\_\_\_\_ Local: \_\_\_\_\_