

## SharedWork PARTICIPANT REMOVAL

Today's date:

MM/DD/YYYY

Submit this form by fax to 800-701-7754 or upload at <u>SharedWork upload</u>

Questions? Call 800-752-2500

When to remove participants. Use this form to remove participants from your SharedWork plan who:

• Are no longer working for your company

Employer name and location if multiple plans:

- No longer want to participate in SharedWork
- You want removed from your SharedWork plan
- Have not worked any hours for more than eight weeks in a row
- Have not worked between 10-50% of their usual hours of work for eight weeks in a row

When to submit a Participant Removal Form. If you don't report changes of employment status within 10 business days of change:

Employment Security Department (ESD) number:

This number can be found on your ESD tax statement.

- We could revoke your SharedWork plan (laws that apply are **RCW 50.60.070** and **WAC 192-250-030**),
- We might make a decision about benefits based on incomplete information, and
- You might not be eligible for relief of benefit charges.

## Please print or type

| Employee name      | Employee Social<br>Security number |        | Reason for separation: Quit (Q), Fired (F), Retired (R), Laid off (LO), Employer request (ER), Participant request (PR), Leave of absence (LOA) | Month, day and year of separation status change or removal from plar |  |
|--------------------|------------------------------------|--------|---|--|--|
| Example: John, Doe | XXX X                              | X XXXX | Q   | 07/07/2023   |  |
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