

Submit this form by fax to 800-701-7754

or upload at [SharedWork upload](#)

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
- 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:

- 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.

Employer name and location if multiple plans:	Employment Security Department (ESD) number: <small>This number can be found on your ESD tax statement.</small>	Today's date: <small>MM/DD/YYYY</small>

Employee name	Employee Social 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 plan <small>MM/DD/YYYY</small>
Example: John, Doe	XXX XX XXXX	Q	07/07/2023