

Resources for Washington businesses

Gain important insights about Washington state's SharedWork program for a competitive workforce advantage!



Thursday, Nov. 2
1:00 p.m. - 2:00 p.m.
SharedWork

SEATTLE
SOUTHSIDE
CHAMBER OF COMMERCE



**Employment
Security
Department**
WASHINGTON STATE

BUSINESSES, EMPLOYEES
FAMILIES & COMMUNITIES

WIN

with

SharedWork

SharedWorkWA.com

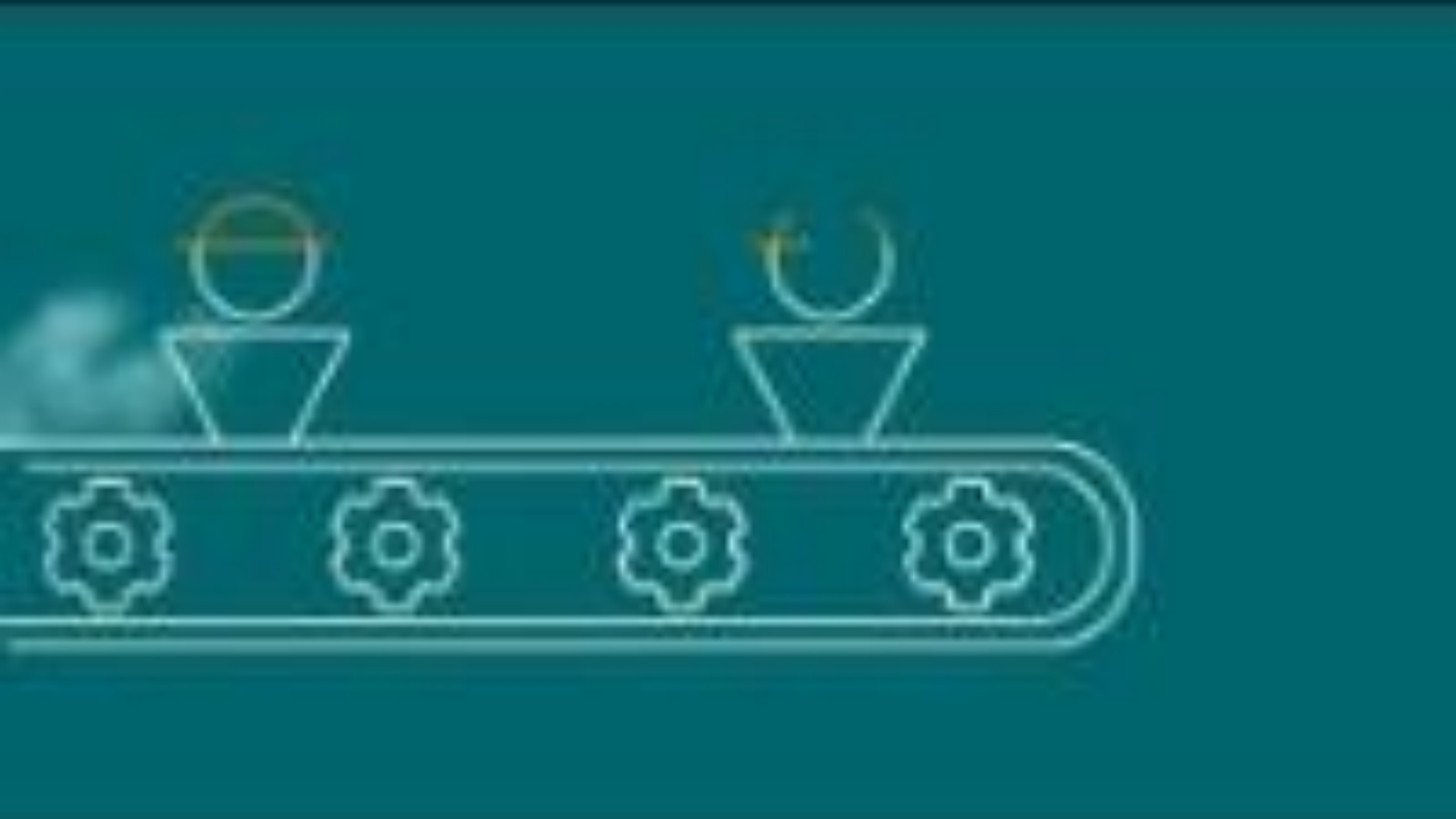


Employment
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SharedWork - A proven business solution!

SharedWorkWA.com



What is it?

SharedWork was enacted into law in 1983, establishing a voluntary short time compensation business program. Intended to be an excellent resource to help stabilize business operations during periods of lower economic activity.

- Allows employers to preserve their workforce by reducing employee hours to save payroll costs and keep the business operating.
- SharedWork pays employees a prorated percentage of unemployment insurance benefits.
- Eligibility is open to most business and industries to use when needed.

The SharedWork Program

A proven program that helps employers:

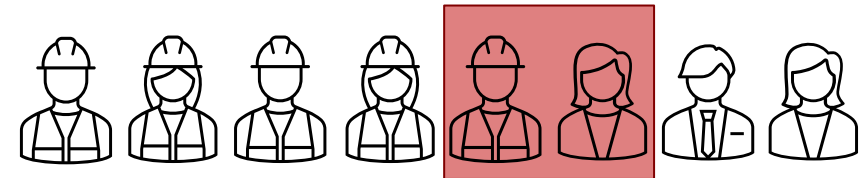
- Stabilize their business
- Retain their skilled workforce
- Continue serving customers
- Avoid layoffs and attract talent



A temporary workforce reduction example



“We are a residential and commercial inspection company. There are less buyers that qualify, and, as a result, less inspections are being scheduled. Business goes down 18% and halts growth in all departments.”



Ana’s business is experiencing a temporary economic downturn. She employs 8 individuals. Instead of letting go of employees, she enrolls in the SharedWork program and reduces the workweek.

In lieu of layoffs. Ana gets her SharedWork plan approved for fifty-two weeks. There is no cost to enroll, and plans can be renewed year after year.

Reduced workweek. An employer may reduce an employee's usual weekly hours of work from ten to fifty percent and the employee can receive the same percentage of unemployment benefits.

Summary. The 8 employees would each receive wages from their employer, while also remaining eligible for up to 50 percent of their respective weekly benefit amount under SharedWork.



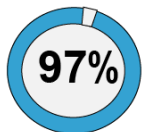
[Washington Administrative Code \(WAC\): Chapter 192-250 Shared Work Program](#)

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SharedWork in Washington



In a survey of past employers who enrolled in Washington's **SharedWork** program:



SharedWork improved employee morale.



The program helped retain skilled workers.



Would recommend SharedWork to another employer.

Employer Requirements for SharedWork:

1. Must be a legally registered business in Washington state.
2. Must have an Employment Security Department (ESD) number.
3. Must have at least two permanent employees, who are not corporate officers, affected by a reduction in hours and wages.
4. Continue to provide same benefits to employees.

Employee Requirements for SharedWork:

1. All permanent (part-time and full-time) employees may participate in SharedWork.
2. Employee must have a valid UI claim - worked at least 680 hours during their base year (includes all employment)
3. Must be able and available for all scheduled hours by SharedWork employer.

SharedWork in Washington state

Top 5 reasons employers sign up for the SharedWork program:

1. Loss of contracts or reduction in work
2. Maintain employee morale
3. In response to an economic downturn
4. Reduce payroll costs
5. Reduce cost of hiring and training new employees

Sources: [IMPAQ International](#), [U.S. Department of Labor Employment and Training Administration](#)



"It has allowed us to maintain our staff count and service levels, while lowering our overhead during the temporary housing shift. Staff is appreciative of the plan option and receiving partial payment with a day out of the office."

~ Erin Crain, AVP/office administrator, [Chicago Title of Washington](#), Everett



"SharedWork has given us a great amount of balance and flexibility to pivot and budget our expenses wisely. It's given the employees a sense of security. They know that we're doing this so that we don't have to take more dramatic measures, so there's massive relief of anxiety in that sense as well."

~ Jen Post, owner, [Prestige Escrow](#), Woodinville



"It's really a good thing we have SharedWork or I could be at risk of losing the employees with whom I've invested thousands of dollars in training. My valued employees are part of our business family, and I don't want to lose them. During these ups and downs of the economy, it has been a lifesaver."

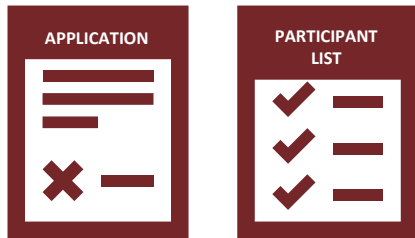
~ Suzette Jackson, VP/owner, [NorthWest Granite & Flooring LLC](#), Whidbey Island

Enrolling is fast and easy!



1

The employer calls SharedWork at **800-752-2500** option 3 to check business eligibility.



2

The employer assigns a **SharedWork representative** (or two) and submits an **Employer Plan Application** and a **Participant List**.



3

Once the employer plan is approved, each participant submits an **Employee Application** and can file weekly claims.



4

The employee receives **earned wages** and a share of **unemployment insurance benefits** when hours are reduced.



5

The employer representative checks the weekly **SharedWork Payments Report** for accuracy.

**Apply by eServices,
electronic upload or fax**

1. Download the [Employer plan application](#) (pdf). If you need more space to add employee names, download the [Participant list](#) (Excel)
2. Here you can [Upload all documents](#) directly to the SharedWork Unit, or Fax to 800-701-7754

Remember to:

- Include your company's name in the file name
- Sign and date all forms
- Obtain the signature for the collective bargaining agent, if applicable.

Employment Security Department
WASHINGTON STATE

**SharedWork
EMPLOYER PLAN APPLICATION**

Please print or type the following information.
Answer all questions and sign to complete.

Submit this form by fax to 800-701-7754
or upload at [SharedWork upload](#)
Questions? Call 800-752-2500

- Employment Security Department (ESD) number: _____
Find this number on your ESD tax statement.
- Employer Name: _____ DBA: _____
- Mailing Address:
City: _____ State: _____ ZIP code: _____ Country: _____
Physical Location/Street Address (if different from mailing): _____
City: _____ State: _____ ZIP code: _____ Country: _____
- Employer representative:** An employer must identify a representative to coordinate with SharedWork Program staff regarding the employer plan and eligible employee claims. Employer representatives must report changes and respond to written requests for information within 10 days. Representatives also must be easily available to program staff.

Primary employer representative:	Alternative employer representative:
Name: _____	Name: _____
Job title: _____	Job title: _____
Email: _____	Email: _____
Phone: _____ Ext.: _____	Phone: _____ Ext.: _____
Fax: _____	Fax: _____

- Is your business experiencing an economic downturn? ☐ Yes ☐ Maybe
- What date did you or will you reduce hours? _____
MM/DD/YYYY
- How many employees are you submitting to participate in SharedWork?
(Complete the REQUIRED employer plan employee list.) _____
- Estimate how many jobs will be saved by using the SharedWork Program? _____
- How will you give advance notice to affected employees whose hours are or will be reduced?
☐ Email ☐ Memo or letter ☐ Staff meeting ☐ Other: _____

If advance notice is not possible, please state why: _____

- How did you hear about the SharedWork Program? ☐ Association ☐ Chamber of Commerce
☐ Conference ☐ Email Outreach ☐ Webinar ☐ local WorkSource business services team
☐ Other: _____

SharedWork Participant List

Company name:

ESD number:


Date: MM/DD/YYYY

Location:

DO NOT CHANGE COLUMN/CELL FORMAT

Employee First Name (MUST include at least TWO EMPLOYEES)	Employee Last Name	Employee SSN XXXXXXXX (no dashes)	Date of Hire MM/DD/YYYY	Usual Weekly Hours Worked	Hourly Rate of Pay	Associated Union (leave blank if no union)

Upload completed and saved applications

 **Employment Security Department**
WASHINGTON STATE

HOME SW UPLOAD

To upload forms to the SharedWork unit:


Save the files to your computer using a file name that:

- Includes your business name.
- Uses one of these extensions: .png, .jpg, .gif, .bmp, .jpeg, .pdf, .docx, .xls, .msg, .tif, .csv, .xlsx

Note: A maximum of 10 files per upload (10MB per file or 50MB combined).

Drag and drop files into box below. Or, click inside box to browse and select files.

Once you have added all of your files, select the Submit button. When upload is complete, you will see a message that says, "Success! The file(s) have been uploaded".



Drag and drop files here
or

Browse files

Submit

<https://fortress.wa.gov/esd/file/swupload>

Apply online – quick and easy

Apply through eServices

If you have ever paid taxes online with EAMS (Employer Account Management Services) and enrolled in locked services, you must use the same SAW account.

secure.esd.wa.gov

Questions?

For help signing into eServices, see <https://esd.wa.gov/unemployment/technical-support>.

SAW Help Desk 855-682-0785

Employment Security Department
WASHINGTON STATE

[Español](#)

Sign in for eServices

Find answers to your questions about eServices accounts at esd.wa.gov/unemployment/technical-support.

Avoid unemployment scams
Unemployment benefits are a target for scammers. They want to steal your username or password to take control of your claim by pretending to be ESD and sending you links to sign in on fake web pages that look real. When in doubt, go directly to esd.wa.gov and click the sign-in links. Protect yourself by checking out esd.wa.gov/unemployment/unemployment-scams.

Individuals

- Apply for unemployment benefits
- Submit a weekly claim
- Manage your unemployment benefits claim
- Restart a current claim
- Pay a benefit overpayment
- Look up your past wages
- Schedule a required WorkSource appointment

Employers

- Pay taxes
- Apply for SharedWork
- Apply for the Work Opportunity Tax Credit
- Manage your employees' unemployment claims
 - Send a secure message
 - View and respond to correspondence
 - File an appeal

SecureAccess Washington (SAW)

Having issues with the new two-step verification? For help filing your weekly claim, see our [Alert](#).

Use your SecureAccess Washington (SAW) username and password. [What is SAW?](#)
[Check to see if you have a SAW account](#)

Employers: If you have ever paid taxes online with EAMS (Employer Account Management Services), you must use the same SAW account.

Username:

Password:

[Sign in](#) [Having trouble signing in?](#)

Need an account?

If you haven't already, you must create and activate a SecureAccess Washington (SAW) account to use our online services. [What is SAW?](#)

Already have a SAW account?

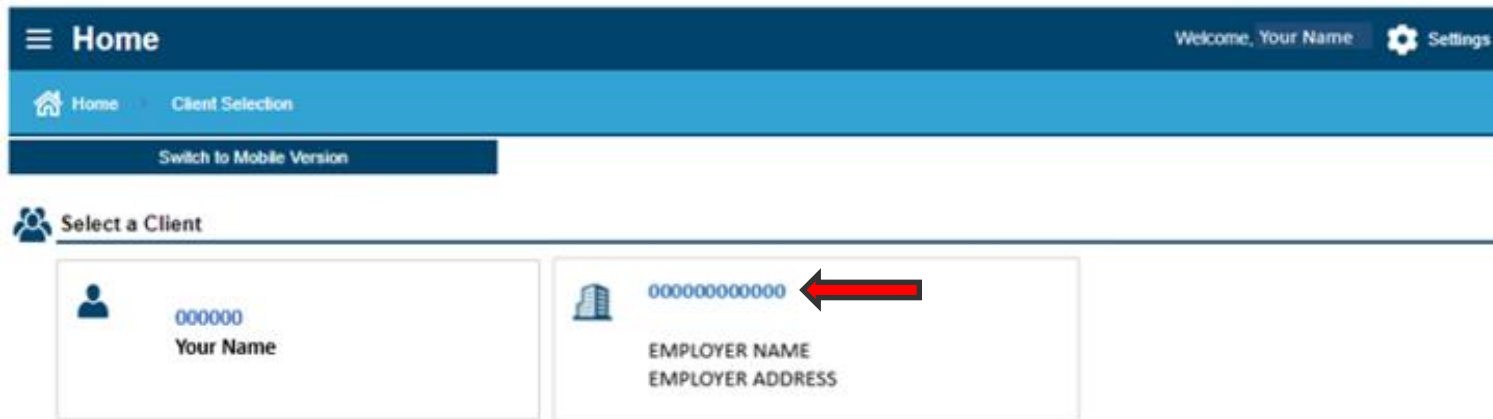
SecureAccess Washington (SAW) is the protected sign-on service for much of Washington state government. You may already have access. [Check to see if you have a SAW account](#)

[Create new account](#)

We use SecureAccess Washington to protect your personal information

SAW SecureAccess WASHINGTON

Apply online – quick and easy



The screenshot shows the 'Client Selection' page of the SharedWorkWA.com application. The top navigation bar includes a 'Home' link, a 'Client Selection' link, and a 'Switch to Mobile Version' button. Below the navigation bar, there is a 'Select a Client' section. This section contains two input fields. The first field is labeled 'Your Name' and has a placeholder '000000'. The second field is labeled 'EMPLOYER NAME' and 'EMPLOYER ADDRESS' and has a placeholder '000000000000'. A red arrow points to the second field, indicating it is the focus of the application process.

Home Client Selection

Switch to Mobile Version

Select a Client

000000
Your Name

000000000000
EMPLOYER NAME
EMPLOYER ADDRESS



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Employer eServices

Welcome, Your Name

Settings

Home

Switch to Mobile Version

Your Name

email@address.com

Alerts

You have 161 unread letters

I want to

Send a message/ask a question

Apply for SharedWork

Upload a document

Clients

Online activity

Notices/letters

Select a Client

000000000000

EMPLOYER NAME

EMPLOYER ADDRESS



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Apply for SharedWork

Welcome, Your Name [Settings](#)

[Home](#) > [Client Selection](#) > BUSINESS NAME > Apply for SharedWork

[Switch to Mobile Version](#)

SharedWork Employer Application

Application

Employer Information

Employer Information

Employment Security Department Number

Business Name

Mailing Address ☐ Please confirm this address

Do you have a physical address that is different than your mailing address? ☐ Yes ☐ No

[Cancel](#) [Previous](#) [Next](#)

Required



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≡ **Apply for SharedWork** Welcome, Your Name Settings

[Home](#) [Client Selection](#) [BUSINESS NAME](#) [Apply for SharedWork](#)

[Switch to Mobile Version](#)

SharedWork Employer Application

Application

[Employer Information](#)

[Employer Representative Information](#)

Employer Representative Information

An employer representative must be provided to coordinate with SharedWork Program staff in all matters pertaining to the employer plan and eligible employee claims.

Primary Employer Representative Information

Name

Job Title

Email

Phone: Fax:

Would you like to provide an alternate employer representative? ☒ Yes ☐ No


[Cancel](#) [Previous](#) [Next](#)



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Apply for SharedWork

Welcome, Your Name 

Home

 >

Client Selection

 >

BUSINESS NAME

 >

Apply for SharedWork

Switch to Mobile Version

SharedWork Employer Application

Application

Employer Information

Employer Representative Information

Additional Information

Additional Information

Estimate the numbers of layoffs what would have occurred if you did not participate in SharedWork?

Required

What is your plan to give advance notice to affected employees whose hours are/will be reduced?

Required

Required

Cancel

< Previous


Next >



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≡ Apply for SharedWork

Welcome, Your Name  Settings

Home

Client Selection

BUSINESS NAME

Apply for SharedWork

Switch to Mobile Version

SharedWork Employer Application

Application

Employer Information

Employer Representative Information

Additional Information

Signature

Application

Signature

By your signature, you are certifying the following:

- You have a minimum of at least two permanent employees who are enrolled in the SharedWork plan.
- Affected employees were hired on a permanent basis.
- Health benefits will continue to be provided under the same terms and conditions as when affected employee worked for his/her usual weekly hours, unless benefits changed for all your employees.
- Retirement benefits under a defined benefit plan or contributions under a defined contribution plan will be provided under the same terms and conditions as when the affected employee worked his/her usual weekly hours, unless retirement benefits changed for all your employees.
- Paid vacation, holidays, and sick leave continue to be provided under the same terms and conditions as when affected employee worked his/her usual weekly hours of work.
- You agree to furnish all reports and information necessary for proper administration of your SharedWork plan.
- Your participation is consistent with your obligations under federal and state law.
- If there are any changes to the information in this plan application or the plan participation list, you will notify SharedWork program staff immediately.
- Each employee's reduction in work hours is in lieu of layoffs that would have resulted if not using SharedWork.

By signing below, I certify that I am authorized to sign this document on behalf of the business, and all information provided on this application is true and correct.

Employer Signature

Required

Title

Required

Date

Aug 31 2023

Cancel

< Previous

Next >



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≡

Apply for SharedWork

Welcome, Your Name

⚙️ Settings

🏠 Home

>

Client Selection

>

BUSINESS NAME

>

Apply for SharedWork

Switch to Mobile Version

SharedWork Employer Application

Application

Employer Information

Employer Representative Information

Additional Information

Signature

SharedWork Employer Application

SharedWork Employer Application

Cancel

< Previous


Submit



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Confirmation

Welcome, Your Name  Settings

[Home](#) [Client Selection](#) [BUSINESS NAME](#) [Apply for SharedWork](#) [Confirmation](#)

Switch to Mobile Version

 Confirmation

Step 1 complete: Employer information submitted

Thank you for submitting your employer information. Complete the following step to finish your SharedWork application.

Step 2: Add employees to your SharedWork plan

You must add employees to your SharedWork plan for your application to be processed.

To add employees:

1. Select *Add Employees* below.
2. Find your desired SharedWork plan by referencing the *Filed date* column.
3. Select *Add employees* or *Update list* in the *Update employees* column.
4. Select the *Add or view employees* button.

Add Employees

Home



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SharedWork plan

Welcome, Your Name [Settings](#)

[Home](#) > [Client Selection](#) > [BUSINESS NAME](#) > [Apply for SharedWork](#) > [Confirmation](#) > [SharedWork plan](#)

[Switch to Mobile Version](#)

SharedWork plan [Filter](#)

Address	Filed date	Approved date	Denied date	Plan start date	Plan end date	Update employees	Update unions
123 MAIN STREET ANY CITY WA 98118	Date filed application				15 days from filing date	Add employees	Update union

2 Rows

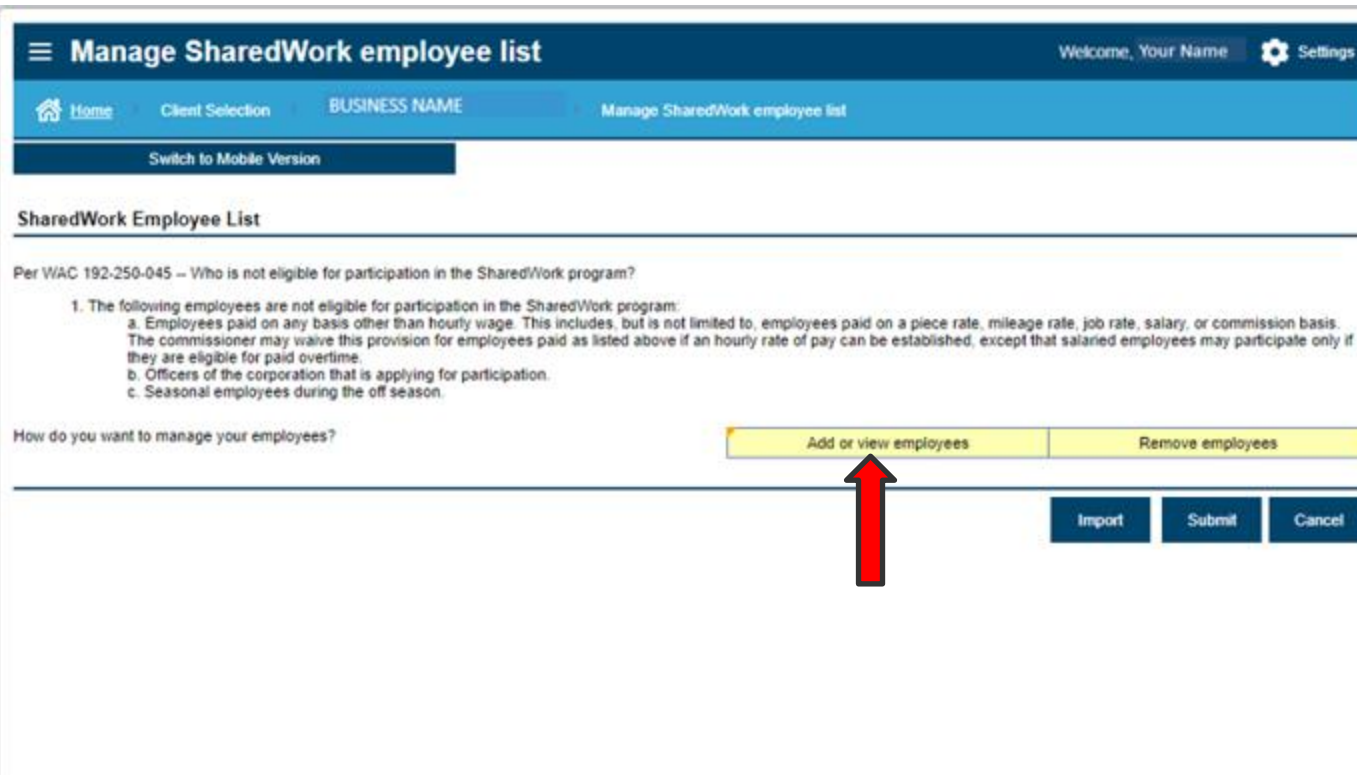
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The screenshot shows a web application interface for managing SharedWork employees. At the top, there is a navigation bar with a hamburger menu icon, the title "Manage SharedWork employee list", and a user greeting "Welcome, Your Name" with a settings gear icon. Below the navigation bar is a breadcrumb trail: "Home" > "Client Selection" > "BUSINESS NAME" > "Manage SharedWork employee list". A "Switch to Mobile Version" link is also present. The main content area is titled "SharedWork Employee List". It includes a section for eligibility rules, stating "Per WAC 192-250-045 -- Who is not eligible for participation in the SharedWork program?" and listing three categories of ineligible employees: a. Employees paid on any basis other than hourly wage (including piece rate, mileage rate, job rate, salary, or commission basis, with a waiver provision for hourly rate establishment); b. Officers of the corporation applying for participation; and c. Seasonal employees during the off season. Below this, a question asks "How do you want to manage your employees?". There are two yellow buttons: "Add or view employees" and "Remove employees". A large red arrow points to the "Add or view employees" button. At the bottom right, there are three dark blue buttons: "Import", "Submit", and "Cancel".



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Manage SharedWork employee list

Welcome, Your Name [Settings](#)

[Home](#) > [BUSINESS NAME](#) > [SharedWork plan](#) > [Manage SharedWork employee list](#)

[Switch to Mobile Version](#)


SharedWork Employee List

Per WAC 192-250-045 -- Who is not eligible for participation in the SharedWork program?

- The following employees are not eligible for participation in the SharedWork program:
 - Employees paid on any basis other than hourly wage. This includes, but is not limited to, employees paid on a piece rate, mileage rate, job rate, salary, or commission basis. The commissioner may waive this provision for employees paid as listed above if an hourly rate of pay can be established, except that salaried employees may participate only if they are eligible for paid overtime.
 - Officers of the corporation that is applying for participation.
 - Seasonal employees during the off season.

How do you want to manage your employees?

[Add or view employees](#) [Remove employees](#)

 If this information is incorrect please contact SharedWork at 800.752.2500.

Enter each employee by typing in boxes below or import employee list from your computer [Filter](#)

Show Errors 1 - 1 of 1

First Name	Last Name	SSN	Date of Hire	Usual Weekly Hours Before Plan	Hourly Pay Rate	Associated Union	Approved
FIRST NAME	LASTNAME	555-55-5555		0	0.00		<input type="checkbox"/>
		Required Format: 999-99-9999					<input type="checkbox"/>

[Download compatible Import form](#)

[Import](#) [Submit](#) [Cancel](#)



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Company name:

ESD number:

Date: MM/DD/YYYY

Location:

DO NOT CHANGE COLUMN/CELL FORMAT

Employee First Name (<i>MUST</i> include at least TWO EMPLOYEES)	Employee Last Name	Employee SSN XXXXXXXX (no dashes)	Date of Hire MM/DD/YYYY	Usual Weekly Hours Worked	Hourly Rate of Pay	Associated Union (leave blank if no union)

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Manage SharedWork employee list

Welcome, Your Name 

Home

Client Selection

BUSINESS NAME

Manage SharedWork employee list

Switch to Mobile Version

SharedWork Employee List

Per WAC 192-250-045 -- Who is not eligible for participation in the SharedWork program?

1. The following employees are not eligible for participation in the SharedWork program:

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b. Officers of the corporation that is applying for participation.

c. Seasonal employees during the off season.

How do you want to manage your employees?

Add or view employees

Remove employees

 If this information is incorrect please contact SharedWork at 800.752.2500.

Enter each employee by typing in boxes below or import employee list from your computer

Filter

First Name	Last Name	SSN	Date of Hire	Usual Weekly Hours Before Plan	Hourly Pay Rate	Associated Union	Approved
							<input type="checkbox"/>

Download compatible Import form

Import

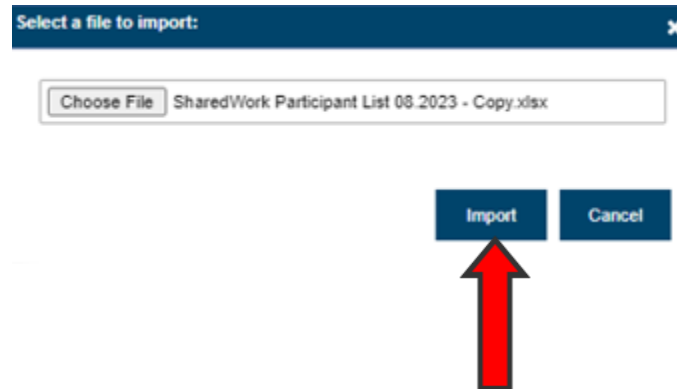
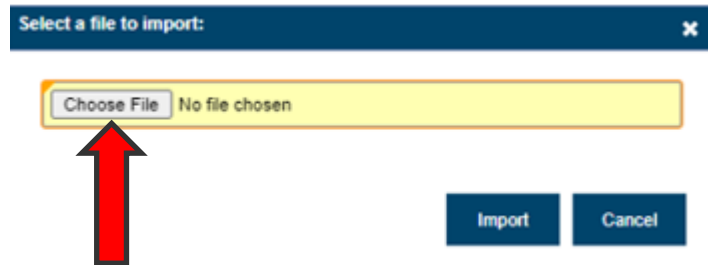
Submit

Cancel




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Manage SharedWork employee list

Welcome, Your Name  Settings

Home

Client Selection

BUSINESS NAME

SharedWork plan

Manage SharedWork employee list

Switch to Mobile Version

SharedWork Employee List

Per WAC 192-250-045 -- Who is not eligible for participation in the SharedWork program?

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a. Employees paid on any basis other than hourly wage. This includes, but is not limited to, employees paid on a piece rate, mileage rate, job rate, salary, or commission basis. The commissioner may waive this provision for employees paid as listed above if an hourly rate of pay can be established, except that salaried employees may participate only if they are eligible for paid overtime.


b. Officers of the corporation that is applying for participation.

c. Seasonal employees during the off season.

How do you want to manage your employees?

Add or view employees

Remove employees

 If this information is incorrect please contact SharedWork at 800.752.2500.

Enter each employee by typing in boxes below or import employee list from your computer

Filter

First Name	Last Name	SSN	Date of Hire	Usual Weekly Hours Before Plan	Hourly Pay Rate	Associated Union	Approved
FIRST NAME	LASTNAME	111-11-1111	Apr 4 2020	40	25.00		<input type="checkbox"/>
FIRST NAME	LASTNAME	222-22-2222	Jan 1 2022	40	40.00		<input type="checkbox"/>
FIRST NAME	LASTNAME	333-33-3333	May 25 2021	30	15.00		<input type="checkbox"/>
FIRST NAME	LASTNAME	444-44-4444	Jul 26 2015	30	50.00		<input type="checkbox"/>
							<input type="checkbox"/>

4 Rows

Download compatible Import form

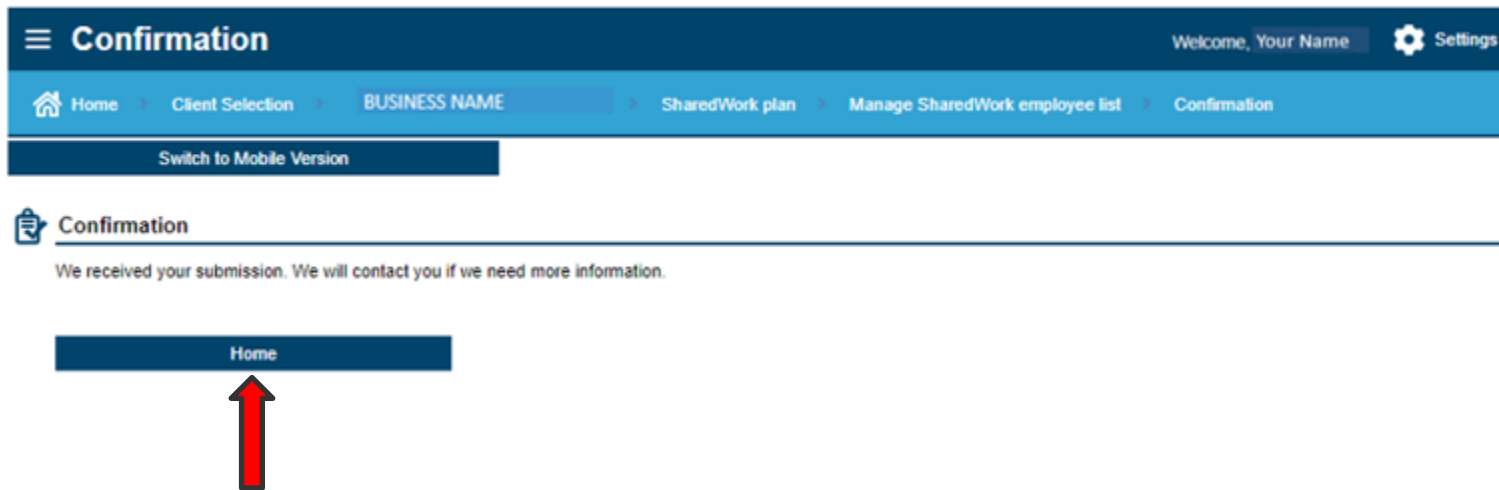
Submit

Cancel



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Contact SharedWork

Employers can verify their eligibility in minutes and get answers by calling 800-752-2500 and choosing Option 3.

800-752-2500

8am to 4pm, Monday through Friday

Option 1 – Claims

Option 2 – Existing Plans

Option 3 – New Plan Inquiry

Option 4 – I was asked to call

sharedworkplansect@esd.wa.gov



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Thank you for joining us today