

Use this form to make corrections to an employee's weekly claims for multiple weeks. **One form per person.**

 Submit by fax to: 800-301-1796  
 Questions? Call 800-752-2500 option 4

When an employee participating in SharedWork certifies for benefits, we pay based on that certification. The employer representative is responsible for verifying the information contained on the SharedWork Payment Report and reporting any differences in writing within 10 working days. (See WAC 192-250-025 (6))

Compare your SharedWork Payment Report to your payroll records and report *any discrepancy* in hours and/or gross earnings. Provide the corrected hours and gross earnings in sections 2 and 3 below. Include any leave without pay information in section 4. ***Incomplete forms will not be processed.***

Employer name:	Employee name:
ESD number:	Social Security number:

1			2								3		4		
Week Ending Date	Total Hours	Total Gross Earnings	Worked		Sick pay		Holiday pay		Vacation pay		Weekly Total		Leave Without Pay		
	Employee Reported	Employee Reported	Hours	Gross Earnings	Hours	Gross Earnings	Hours	Gross Earnings	Hours	Gross Earnings	Hours	Gross Earnings	Date	Total Hours	Reason
<small>MM/DD/YYYY</small>													<small>MM/DD/YYYY</small>		
1															
2															
3															
4															
5															
6															
7															

**SHAREDWORK PARTICIPATING EMPLOYEE:** You may have been overpaid for the week identified above if you reported hours worked and earnings that were less than what your employer reported, or if you were not available for all work offered. **Please choose one.**

- I agree with the information my employer reported. I understand if I was overpaid then I am liable for repayment.
- I do not agree with the information my employer reported. I am requesting an interview.

 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY
 Employee refused to sign or is no longer employed.

**EMPLOYER REPRESENTATIVE:** The information I have provided is true to the best of my knowledge.

 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Title: \_\_\_\_\_ Phone: \_\_\_\_\_