

ADDITIONAL EMPLOYEE LIST PAGES

Submit this form with the SharedWork Employer Plan Application by fax to 800-701-7754 or upload at [SharedWork upload](#)

Questions? Call 800-752-2500

Use this form when more employee list pages are needed with the SharedWork Employer Plan Application.

Please print or type.

Employer name and location:	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 first name	Employee last name	Employee Social Security number	Date of hire <small>MM/DD/YYYY</small>	Usual weekly hours worked before reduction <small>(whole numbers only)</small>	Hourly rate of pay	Associated union
Example: John	Doe	XXX XX XXXX	12/12/1997	40	22.10	Boilermakers
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