State of Oregon Employment Department

WORKSHARE OREGON

WEEKLY CLAIM CERTIFICATION - PAGE 1 of _____

Instructions: If you are the employer filling out this form, it is with the understanding from you and the employee that you will be submitting the Weekly Claim forms on their behalf. By signing this form you certify that all information is true and complete to the best of both your knowledge. Use a calendar week (Sunday through Saturday) for each week you claim. PLEASE ENTER THE SATURDAY DATE (LAST DAY) OF THE WEEK YOU ARE CLAIMING IN THE SPACE PROVIDED.

***1.) Employer:**

***2.) BIN:**

For Office Use Only:

- ○ **NEW PLAN:** ADD PARTICIPANTS
- ○ **EXISTING PLAN:** ADD/REMOVE PARTICIPANTS

***3.) Mailing Address: Street:**

City: **State:** **Zipcode:**

***4.) FOR WEEK ENDING (Saturday Day):**

Required Fields** ***Please use the check boxes and drop-downs as appropriate for each answer.

	EMPLOYEE INFORMATION & STATEMENT										EMPLOYER STATEMENT			
	Social Security Number	First Name	Middle Initial	Last Name	Did the employee advise the employer of any additional wages/income from other employment?	If yes, what were the gross wages from other employment?	Did the employee advise the employer of any monies from pension, annuity, or retirement pay?	If yes, what was the amount?	Do both employee and employer agree and understand this claim will be filed on the employee's behalf by the employer?	Did the employee miss any work opportunities with the employer?	What are the total gross wages earned through the Work Share employer?	What are the total hours worked during the week?	Customary work week (if other than hours)	Additional Comments
EXAMPLE	555-55-5555	Jane	A	Doe	N	N/A	N	N/A	Y	N	$400	32		
1					Y		Y		Y	Y				
2					Y		Y		Y	Y				
3					Y		Y		Y	Y				
4					Y		Y		Y	Y				
5					Y		Y		Y	Y				
6					Y		Y		Y	Y				
7					Y		Y		Y	Y				
8					Y		Y		Y	Y				
9					Y		Y		Y	Y				
10					Y		Y		Y	Y				
11					Y		Y		Y	Y				
12					Y		Y		Y	Y				
13					Y		Y		Y	Y				
14					Y		Y		Y	Y				

I certify that the information on these sheets concerning the status/earnings of these employees, for the purpose of participating in the Work Share program are true and correct to the best of my knowledge. Furthermore, I certify that the employees listed have given permission for a claim for Work Share benefits be submitted on their behalf. I have provided copies to the affected employees.
By signing this form electronically, I understand that this electronic signature has the same meaning and validity as my handwritten signature.

Authorized Signature:

Date: _____

By signing and submitting this form electronically you acknowledge that you are responsible for ensuring the protection of the personally identifiable information that you send via email.
For additional employees, please download the 'Additional Employees' list by clicking: OregonWorkShare.org. You may download the sheet as many times as needed.
The signature here also covers the authorization of those employees.

Submit via Email

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, and alternate formats are available to individuals with disabilities and language services to individuals with limited English proficiency free of cost upon request.
TTY/TDD – dial 7-1-1 toll free relay service. Access free online relay service at: www.sprintrelayonline.com.

El Departmento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos para personas con discapacidades y asistencia de idiomas para personas con conocimiento limitado del inglés, a pedido y sin costo. Llame al 7-1-1 para asistencia gratuita TTY/TDD para personas con dificultades auditivas. Obtenga acceso gratis en Internet por medio del siguiente sitio: www.sprintrelayonline.com.

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