

## Instructions for Submitting a Work Share Application Plan (Form 1695)

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### 1. Employer Information

- a. Please provide the business name.
- b. Please select where you learned about the Work Share Program.
- c. Please indicate what industry your business best represents.
- d. Please provide the business mailing address.
- e. Please provide the physical address of the business if different from mailing address.
- f. Please provide the Business Identification Number (BIN) or Federal Employer Identification Number (FEIN.)
- g. Please indicate the number of employees who currently work for the business.

### 2. Please provide an employer representative's contact information.

- a. Primary Representative: Please include job title, email address and phone number.
- b. Alternate Representatives: Please include job title, email address and phone number.

### 3. Please provide your plan's information:

- a. Requested Plan Future Start Date (Sunday date)

*Please note: Plans are reviewed within 15 days of receipt. A formal notice is mailed within 10 days of the determination. Plans are in effect for one year from the start date. Note that you may cancel or adjust a plan at any time within the year by written request.*

- b. Estimated number of employees affected.
- c. How many layoffs will you avoid?
- d. Please indicate that health or retirement benefits will not be affected if work hours are reduced to less than normal weekly hours. (Initial here.)
- e. Please describe how your business plans to implement the Work Share Program.
- f. Please indicate how you plan to notify your employees about your Work Share Plan.

### 4. Work Share Presentation:

- a. Please indicate whether you attended a presentation on the Work Share program.
- b. Did you find the presentation helpful?

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### 5. Union or Collective Bargaining Unit

List the union or collective bargaining unit information and include the signature and date of signature of collective bargaining agents for if approved.

### 6. Signature

- a. Please certify and sign your application after agreeing to the terms and conditions of the Work Share Program (check boxes 1-13).
- b. Please include your name, title and the date of the application.

Please provide your authorizing electronic signature and submit the form through our secure web portal at [www.oregonworkshare.org](http://www.oregonworkshare.org)

If you would like support, please call a Program Specialist at:  
(503) 947-1800 or (800) 436-6191.

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### Effect of Work Share Program Participation on the Unemployment Insurance Tax Rate

Benefits paid under a Work Share plan are charged against an employer's account in the same manner as regular Unemployment Insurance (UI) benefits.

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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](http://www.sprintrelayonline.com).

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos 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](http://www.sprintrelayonline.com).