

Instructions for Submitting the Work Share Weekly Claim Certification (1698)

ON THE TOP OF THE FIRST PAGE PLEASE PROVIDE THE FOLLOWING EMPLOYER/BUSINESS INFORMATION:

- 1.) Employer/Business Name
- 2.) Business Identification Number (BIN)
- 3.) Business Mailing Address
- 4.) Date of the last day of that week (Saturday Date)

EMPLOYEE INFORMATION & STATEMENT

For each participant on your Work Share plan please provide their:

1. Social Security Number
2. First Name
3. Middle Initial (if applicable)
4. Last Name
5. Did the employee advise the employer of any additional wages/income from other employment?
6. If yes, what were the gross wages from other employment?
7. Did the employee advise the employer of any monies from pension, annuity, or retirement pay?
8. If yes, what was the amount?

EMPLOYER STATEMENT

1. Do both the employee and the employer agree and understand this claim will be filed on the employee's behalf by the employer?
2. Did the employee miss any work opportunities with the employer?
3. What are the total gross wages earned through the Work Share employer?
4. What are the total hour worked during the week?
5. Please indicate the employee's customary work week (if other than 40 hours).
6. Use this space for any additional comments

FOR ADDITIONAL EMPLOYEES

Should you need additional sheets for additional employees, please download the "Additional Participant List" (Form 1698A) by clicking the link: [OregonWorkShare.org](https://www.oregonworkshare.org). As a reminder, please make sure to note what page number of what page you have completed to allow for proper processing. You must attach all applicable forms for timely processing as well.

AUTHORIZING YOUR WEEKLY CERTIFICATION:

Please provide your authorizing electronic signature. Please note that 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 to OED_WorkShare@Oregon.gov.

If you do not utilize email encryption software, your submission may not be secure. If you would like support with this, please call a Program Specialist at (503) 947-1800 or (800) 436-6191 to sign up with our secure email server.

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.

PAGE 2 OF 2

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 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.