State of Oregon Employment Department | WORKSHARE OREGON

PROGRAM APPLICATION

Please print or type the following information and complete all sections.

1. Employer Information: **a.** Business Name:

b. How did you learn about Work Share? **c.** Industry:

d. Mailing Address: City: State: Zip Code:

e. Physical Address (If different from mailing): City: State: Zip Code:

f. Business Identification Number (BIN): **g. # of Employees:**

2. Employer Representative: Please identify two representatives from your business to coordinate with Work Share Program Specialists for program enrollment and participation.

a. Primary Employer Representative:	**b. Alternate Employer Representative:**
Name:	Name:
Job Title:	Job Title:
Email:	Email
Phone: Ext:	Phone: Ext:

Please note- by providing your email address you agree to receive emails from the Oregon Employment Department

3 a. Requested plan start date (Must be a Sunday): (month/day/year) Plans expire after one year.

b. Estimated number of employees affected: **c. How many layoffs will you avoid?**

d. Health or retirement benefits will not be affected if work hours are reduced to less than normal weekly hours. Please Ly[illegible]

e. Please describe how your business plans to implement the Work Share Program:

f. How do you plan to notify your employees of the Work Share plan?

4 a. Did you attend a Work Share Presentation?: I'd like to **b. Was the presentation helpful?** N/A

5. Employer union-affiliation(s) information (if applicable): The employer's Work Share plan must be approved by the collective bargaining agent for each affected employee under a collective bargaining agreement.

Union: _____ Local: _____

Authorized Union Rep. Name: _____

Phone: _____ Ext: _____

By signing below I approve the named employer applying for a Work Share Plan. I further attest that I have signature authority with the named union. If I am signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature.

Signature:

Date: _____

Union: _____ Local: _____

Authorized Union Rep. Name: _____

Phone: _____ Ext: _____

By signing below I approve the named employer applying for a Work Share Plan. I further attest that I have signature authority with the named union. If I am signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature.

Signature:

Date: _____

Please check each box to certify you agree to follow all program terms and conditions:

☐ 1. At least three employees will participate in the program.

☐ 2. Participating employees have been employed full-time for at least six months or part-time for at least a year before the start of the plan. Please note, seasonal or temporary employees are not eligible for the Work Share program.

☐ 3. Weekly work hours and wages will be reduced by at least 20% and not more than 40% for participating employees.

☐ 4. I am aware that participation in the Work Share program may have an adverse effect on my Unemployment Insurance tax rate.

☐ 5. I will continue to provide health benefits under the same terms and conditions as when the affected employee worked his/her usual weekly hours, unless health benefits change for all my employees.

☐ 6. I will continue to provide retirement benefits under a defined benefit plan or contributions under a defined contribution plan under the same terms and conditions as when the affected employee worked his/her usual weekly hours, unless retirement benefits change for all my employees.

☐ 7. I will provide paid vacation, holidays, and sick leave under the same terms and conditions as when the affected employee worked his/her usual weekly hours of work.

☐ 8. I agree to furnish all reports and information necessary for proper administration of my Work Share plan.

☐ 9. I have provided all employees participating in my Work Share plan with the Initial Claim application (included in the Work Share Application Packet).

☐ 10. I will notify the Employment Department immediately if there are any changes to the information on this plan application or the plan participant list.

By clicking the Submit button below, I agree to abide by all state and federal unemployment laws and attest that all information provided on this application is true and correct.
By signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature. I further attest that I have signature authority with the named employer.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

NOTE: Click the button below to attach this document to an email. Once you have done so, attach your Participant List to the same email. Your application cannot be approved without your Participant List.

For more information about the Work Share Program, including rules and laws related to the program, please visit **www.OregonWorkShare.org**

FOR OFFICE USE ONLY

Date Received: _____ **Current Employer?** ☐ **Examiner:** _____

Approved?: ☐ **Reduced Weekly Hours:** _____ **Start:** _____

Normal Weekly Hours: _____ **End:** _____ **Date of Review:** _____

If denied, reason: _____ **Payroll wk end:** _____ **Plan #:** _____ **Initials:**

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 opportunidades. Disponemos de servicios o ayudasauxiliares, formatos alternos para personas con conocimiento limitadodel ingles, a pedido y sin costo.Llame al 7-1-1 para asistencia gratuita TTY/TDD para personas con dificultades auditivas. Obtenga acceso gratis en internetpor medio del siguiente sitio: **www.sprintrelayonline.com.**

Disclaimer: If you send this form via email, it may not be secure. If you do not utilize email encryption software we advise you contact the UI Special Program Center at (503) 947-1800 or (800) 436-6191 to sign up with our secure email server. By clicking the submit button you acknowledge that you are responsible for ensuring the protection of the personally identifiable information included in this email.