

Instructions for Submitting the Work Share Participant List (Form 1696)

EMPLOYER INFORMATION

1. Provide the employer name (name of the business).
2. Provide the Business Identification Number (BIN) of the employer.
3. Provide the business mailing address.
4. Please select whether you are adding or removing participants from your plan.

ADDING EMPLOYEES TO YOUR WORK SHARE PLAN

1. For each employee who will be enrolled in your Work Share Plan, please provide their Social Security Number, Last Name, First Name, and Middle Initial (if applicable).
2. Please note if the employee is considered full time.
3. Please note each employee's current scheduled hours.
4. Please provide the proposed hours on the Work Share Plan.
5. Please select whether or not each employee is a Union Member.
6. If this is a new Work Share Plan participant, please indicate why they were added to the plan.

REMOVING EMPLOYEES FROM YOUR WORK SHARE PLAN

1. For each employee who will be removed from your Work Share Plan, please provide their Social Security Number, Last Name, First Name, and Middle Initial (if applicable).
2. Please indicate why each employee is being removed.
3. Please note the reason for separation.
4. Please note the date of separation from the plan.

FOR ADDITIONAL EMPLOYEES

Should you need additional sheets for additional employees, please download the "Additional Participant List" (Form 1696A) by clicking the link: 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.

CERTIFYING YOUR PARTICIPANT LIST:

Please provide your authorizing electronic signature and submit the form through our secure web portal at www.oregonworkshare.org

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

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.

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 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 internet por medio del siguiente sitio: www.sprintrelayonline.com.