

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

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### 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 each employee's current scheduled hours.
3. Please provide the proposed hours on the Work Share Plan.
4. Please select whether or not each employee is a Union Member.
5. 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

If you need additional sheets for additional employees, please download the "Additional Participant List" (Form 1696A) by clicking the link: [OregonWorkShare.org](http://OregonWorkShare.org). Reminder, please make sure to note the number of the pages (i.e. pg 2 of 7) 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 confidentially and electronically to [OED\\_WorkShare@Oregon.gov](mailto:OED_WorkShare@Oregon.gov).

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](mailto: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.

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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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