

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

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).
- 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 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 1-10).
- b. Please include your name, title and the date of the application.

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.

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.