

Use this form to request eligibility review of employee(s) to be added to an existing SharedWork plan.

Who is not eligible for participation in the SharedWork Program?

- (a) Employees paid wages on any basis other than hourly wage. This includes, but is not limited to, employees paid on by piece rate, mileage, by the job, salary or on commission. We may waive this exclusion for employee paid by piece rate if an hourly rate of pay can be established.
- (b) Officers of the corporation that is applying for participation.
- (c) Seasonal employees during the off season.

The law that applies is **WAC 192-250-045**.

Please print or type.

Company name	Employment Security Department (ESD) number <small>This number can be found on your ESD tax statement. Example (XXXXXX-XX)</small>	Today's date

Employee first name	Employee last name	Employee Social Security number	Date of hire <small>(MM/DD/YYYY)</small>	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only
Example: John	Doe	XXXXXXXXXX	12/02/1997	40	25.50	Boilermakers	

By signing below, I certify that I am authorized to sign this document of behalf of the business and that all information on this form is true and correct.

Signature: _____ **Title:** _____ **Phone:** _____

Authorized person or SharedWork Employer Representative