Submit this form by fax to 800-701-7754 or upload at SharedWork upload

Questions? Call 800-752-2500
Use this form to remove a participant from your SharedWork plan who:

- Are no longer working for your company, or
- No longer want to participate in SharedWork, or
- You no longer want on your SharedWork plan.

Return this completed form and any documents related to employees' employment status change within 10 working days. If you don't:

- We could revoke your SharedWork plan (laws that apply are RCW 50.60.070 and WAC 192-250-030), and
- We might make a decision about benefits based on incomplete information, and
- You might not be eligible for relief of benefit charges.

Please print or type.

| Employer name: | Employment Security Department (ESD) number: <br> This number can be found on your ESD tax statement. | Today's date: <br> MM/DD/MMY |  |  |  |  |  |  |  |
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By signing below, I certify that I am authorized to sign this document of behalf of the employer and that all information on this form is true and correct.

Signature: $\qquad$ Title: $\qquad$ Phone: $\qquad$

| Employee name | Employee Social <br> Security number | Reason for separation: <br> Quit (Q), Fired (F), Retired (R), <br> Laid off (LO), Employer request <br> (ER), Participant request (PR), <br> Leave of absence (LOA) | Month, day and <br> year of separation, <br> status change or <br> removal from plan <br> MM/DD//xYy |
| :--- | :--- | :--- | :--- |
| Example: John, Doe | XXX XX XXXX | Q | $07 / 07 / 2023$ |
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The Employment Security Department is an equal opportunity employer/programs. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are

