

Print or type all information.

Use this form to remove from your Shared Work plan a participant who:

- Is no longer working for your company, or
- No longer wants to participate in Shared Work, or
- You no longer want on your 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 Shared Work plan (laws that apply are **RCW 50.60.070** and **WAC 192-250-090**), and
- We might make a decision about benefits based on incomplete information, and
- You might not be eligible for relief of benefit charges.

Company name: _____ Date: _____

Employment Security Department (ESD) number _____

This number can be found on your ESD tax statement.

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

Employee name <small>Example: First name, last name</small>	Employee Social Security number <small>Example: XXX-XX-XXXX</small>	Reason for separation: Quit (Q), Fired (F), Retired (R), Laid off (LO), Employer request (ER), Participant request (PR), Leave of absence (LOA)	Month, day and year of separation, status change or removal from plan <small>Example: MM/DD/YYYY</small>