



Use this form to make a correction to an employee's weekly claim. *Incomplete forms will not be processed.*

When an employee participating in SharedWork certifies for benefits, we pay based on that certification. The employer representative is responsible for verifying the information contained on the SharedWork Payment Report and reporting any differences in writing. (See WAC 192-250-025 (6))

Review the SharedWork Payment Report and report any difference in hours and/or gross earnings previously reported. Complete, sign and return this form within 10 working days with any documents related to employee's earnings and hours.

Provide the correct number of paid hours and gross earnings in number 2 below.

When applicable, include any leave without pay information in number 3 below.

Employer name: _____

ESD number (*Find this number on your ESD tax statement*): _____

Employee name: _____ **Social Security number:** _____

1. Claim Weeks End on Saturdays. The week that needs correction ends on **Saturday:** _____

MM/DD/YYYY

2. Correction Needed: If your employee reported incorrectly compared to your payroll records, please provide the total number of hours and gross earnings below. (*All weeks begin 12:01 AM Sunday and end at midnight on Saturday.*)

| Worked | Sick pay | Holiday pay | Vacation pay | TOTALS must equal sum of columns to the left |
|-----------------|-----------------|-----------------|-----------------|--|
| Hours: | Hours: | Hours: | Hours: | Total PAID HOURS this week: |
| Gross Earnings: | Gross Earnings: | Gross Earnings: | Gross Earnings: | Total GROSS EARNINGS this week: |

3. Leave Without Pay: If your employee was not able or available for all work scheduled or offered*, what days and hours were unpaid? *This section should only be filled out if the employee had leave without pay.*

| Hours of Leave Without Pay | | | | | | | Total for Week |
|----------------------------|-----|------|-----|------|-----|-----|--|
| Sun | Mon | Tues | Wed | Thur | Fri | Sat | Total hours of leave without pay for the week: |

Reason for leave without pay: _____

* If additional work was offered but declined, was the work offered with *at least 24 hours' notice*? ☐ Yes ☐ No

SHAREDWORK PARTICIPATING EMPLOYEE: You may have been overpaid for the week identified above if you reported hours worked and earnings that were less than what your employer reported or you were not available for all work offered. **Please choose one.**

I agree with the information my employer reported. I understand if I was overpaid I am liable for repayment.

☐ I do not agree with the information my employer reported. I am requesting an interview.

Signature: _____ Date: _____

MM/DD/YYYY

Employee refused to sign or is no longer employed.

EMPLOYER REPRESENTATIVE: The information I have provided is true to the best of my knowledge.

Signature: _____ Date: _____

MM/DD/YYYY

Title: _____ Phone: _____

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711