Resources for Washington businesses

Gain important insights about SharedWork, WOTC and Federal Bonding programs for a competitive workforce advantage!



Tuesday, April 11
10:30 a.m. English | 2:00 p.m. Spanish
SharedWork and Work Opportunity
Tax Credit (WOTC)







Welcome

Today's timeline of events



GREATER FEDERAL WAY



Work
Opportunity
Tax Credit and
Bonding



10:30 a.m. – 10:35 a.m.

Presented by

Rebecca Martin
President & CEO
Greater Federal Way Chamber
of Commerce

10:35 a.m. – 10:50 a.m.

Rafael Colón Business Outreach Manager Employment Security Depart. SharedWork 10:50 a.m. – 11:15 a.m.

Malcolm Erickson
Program Coodinator
Employment Security Dept.
WOTC & Bonding

11:15 a.m. - 11:30 a.m.

Rafael, Malcolm & Rebecca

For a PDF of the PowerPoint slides and a copy of the webinar recording, visit the SharedWork events webpage.





SharedWork - A proven business solution!

SharedWork usage by county

plans in the state of Washington through March 2023.

County	Businesses eligible for SharedWork in this county (estimated)	Businesses currently participating in SharedWork	Employees participating in SharedWork (enrolled by their employer)	County	Businesses eligible for SharedWork in this county (estimated)	Businesses currently participating in SharedWork	Employees participating in SharedWork (enrolled by their employer)
Adams	285	-	-	Jefferson	430	6	69
Asotin	229	-	-	King	34,121	261	5,337
Benton	2,255	23	511	Kitsap	2,653	16	272
Chelan	1,453	21	512	Kittitas	617	1	3
Clallam	925	6	95	Klickitat	305	5	65
Clark	6,011	57	562	Lewis	914	16	374
Columbia	83	-	-	Lincoln	110	-	-
Cowlitz	1,137	7	442	Mason	509	5	56
Douglas	393	3	110	Okanogan	624	3	12
Ferry	86	1	17	Pacific	325	-	-
Franklin	1,0125	1	2	Pend Oreille	132	1	2
Garfield	19	-	-	Pierce	8,379	108	3,084
Grant	1,202	11	155	San Juan	471	3	8
Grays Harbor	844	10	343	Skagit	1,676	17	255
Island	841	7	187	Skamania	93	2	15

County	Businesses eligible for SharedWork in this county (estimated)	Businesses currently participating in SharedWork	Employees participating in SharedWork (enrolled by their employer)
Snohomish	8,184	84	2,122
Spokane	6,245	57	1,963
Stevens	400	3	7
Thurston	3,424	37	693
Wahkiakum	45	-	-
Walla Walla	777	10	91
Whatcom	3,118	40	765
Whitman	452	3	26
Yakima	2,556	21	577
Other	9,630	164	5,991
Total	103,4117	1,012	24,874

The table below shows active SharedWork

What is it?

<u>SharedWork</u> is a voluntary program and excellent business resource to help stabilize the operations of most businesses during temporary economic setbacks.

- Employers keep their workforce intact (preserving jobs) by temporarily reducing hours to save payroll costs and keep the business operating.
- > SharedWork pays employees a prorated percentage of unemployment insurance benefits.
- > Eligibility is open to most business and industries to use when needed.

The SharedWork Program

A 40 year proven program that helps employers:

- Stabilize their business
- Retain their skilled workforce
- Continue serving customers
- Avoid layoffs and attract talent



SharedWork in Washington state

Watch the
SharedWork
industry panel
"fast play".



Top 5 reasons employers sign up for the SharedWork program:

- Loss of contracts or reduction in work
- 2. Maintain employee morale
- 3. In response to an economic downtown
- 4. Reduce payroll costs
- Reduce cost of hiring and training new employees

Sources: <u>IMPAQ International</u>, <u>U.S.</u>
<u>Department of Labor Employment</u>
<u>and Training Administration</u>



"It has allowed us to maintain our staff count and service levels, while lowering our overhead during the temporary housing shift. Staff is appreciative of the plan option and receiving partial payment with a day out of the office."

~ Erin Crain, AVP/office administrator, <u>Chicago Title of Washington</u>, Everett



"SharedWork has given us a great amount of balance and flexibility to pivot and budget our expenses wisely. It's given the employees a sense of security. They know that we're doing this so that we don't have to take more dramatic measures, so there's massive relief of anxiety in that sense as well."

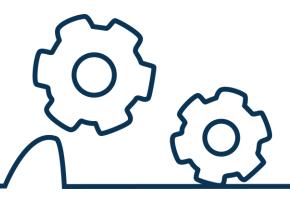
~ Jen Post, owner, Prestige Escrow, Woodinville



"It's really a good thing we have SharedWork or I could be at risk of losing the employees with whom I've invested thousands of dollars in training. My valued employees are part of our business family, and I don't want to lose them. During these ups and downs of the economy, it has been a lifesaver."

~ Suzette Jackson, VP/owner, NorthWest Granite & Flooring LLC, Whidbey Island

SharedWork in Washington



In a survey of past employers who enrolled in Washington's SharedWork program:



SharedWork improved employee morale.



The program helped retain skilled workers.



Would recommend SharedWork to another employer.

Employer Requirements for SharedWork:

- 1. Must be a legally registered business in Washington state.
- 2. Must have an Employment Security Department (ESD) number.
- 3. Must have at least two permanent employees, who are not corporate officers, affected by a reduction in hours and wages.
- 4. Continue to provide same benefits to employees.

Employee Requirements for SharedWork:

- All permanent (part-time and full-time) employees may participate in SharedWork.
- 2. Employee must have a valid UI claim worked at least 680 hours during their <u>base year</u> (includes all employment)
- Must be able and available for all scheduled hours by SharedWork employer.

A temporary workforce reduction example

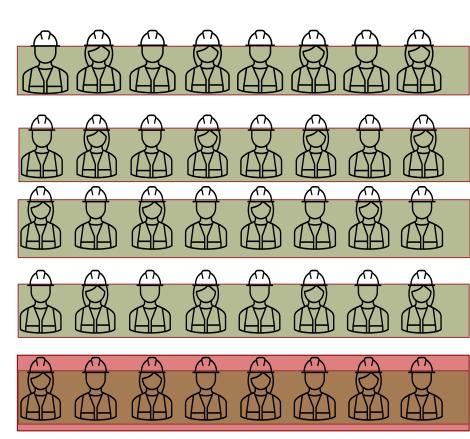


Ryna's remodeling company is experiencing supply delays, and it's impacting a few jobsites. She employs 40 individuals.

In lieu of layoffs. Ryna has enough work for 32 full-time employees. The employer can avert the continued layoff of 8 full-time employees by keeping all 40 employees and reducing the workweek.

Reduced workweek. The employer reduced the workweek from 40 hours to 32 hours, which is a reduction of 20 percent and permissible under state law, anywhere from 10-50% is an acceptable reduction each week with SharedWork.

Summary. The 40 returning employees would each receive 80 percent of their wages from their employer, while also remaining eligible for 20 percent of their respective weekly benefit amount under SharedWork.



Why does it matter?

- For Washington businesses:
 - Tested, proven, flexible and credible business focused program.
 - Reliable and practical business solution.
 - Economic empowerment to adjust to unstable conditions.
 - Payroll savings while making survival decisions.
 - Flexible to remain operational week by week for a year.
 - Renew again and again.
 - A competitive advantage for recruitment and retention.
 - Proactive business readiness strategy to avoid the possible wait in line hassle.

How It Works



The employer calls
SharedWork at
800-752-2500 option 3
to check business
eligibility.

The employer assigns
a SharedWork
representative (or
two) and submits an
Employer Plan
Application and a
Participant List.

Once the employer plan is approved, each participant submits an **Employee Application** and can <u>file weekly claims</u>.

The employee receives
earned wages and a
share of
unemployment
insurance benefits
when hours are
reduced.

The employer representative checks the weekly

SharedWork Payments

Report for accuracy.

Two EASY ways to apply

Apply by eServices, electronic upload or fax

- Download the <u>Employer plan application</u> (pdf). If you need more space to add employee names, download the <u>Participant list</u> (Excel)
- 2. Here you can <u>Upload all documents</u> directly to the SharedWork Unit, or Fax to 800-701-7754

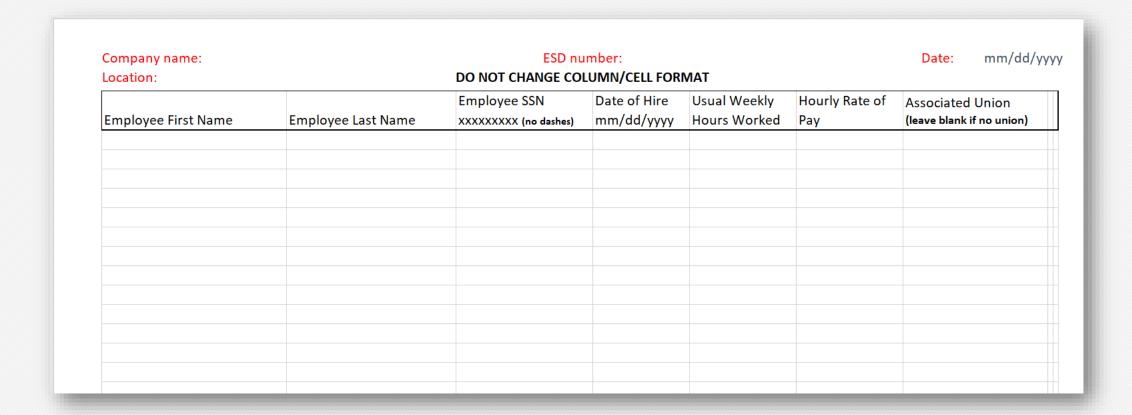
Remember to:

- Include your company's name in the file name
- Sign and date all forms
- Obtain the signature for the collective bargaining agent, if applicable.

Employment S WASHINGTON STATE	Security Departr	Submit this	SharedWork DYER PLAN APPLICATION form by fax to 800-701-7754 or upload at SharedWork upload Questions? Call 800-752-2500	1e	10. a) How many of your p b) Employer union affiliati writing by the collective bar employee. Approval signat	ion informati
. Employment Security Departr	ment (ESD) number:				***	
. Business name:		Find this number on y DBA:	our ESD tax statement.		Union:	Loc
Mailing address:		DDA.	Cite	nd s	Phone:	Ext
	ZIP code:		City:		Authorized union represen	ntative name
					Print:	
sical Location/Street address (it	State:		County		Signature:	
City:	State:	ZIP code:	County:			
espond to written requests for rogram staff.	r information <u>within 10 day</u>	vs. Representatives als			You have at least Affected employe	two permaner
Primary employer representa		Alternate employer	representative:		 Health benefits w 	
Name:		Name: Job title:			worked their usua Retirement benefi	
Job title:					conditions as wh	
Email:		Email:			changed for all yo	our employees
Phone:	Ext.:	Phone:	Ext.:		 Paid vacation, hol 	idays, and sic
				ess	Faid vacation, not	naujo, ana ore
Fax:		Fax:		ess	affected employee	es worked thei
Fax: If not located at address above	e, provide location.		ess above, provide location.	ess		es worked thei ish all reports
	e, provide location. State:	If not located at addr		ess	You agree to furn	es worked thei ish all reports is consistent langes to the i
Fax: If not located at address above Address:		If <u>not</u> located at addr Address:		ess	You agree to furn Your participation If there are any ch	es worked thei ish all reports is consistent langes to the ir ram staff imm
Fax: If not located at address above Address: City:	State:	If <u>not</u> located at addr Address: City:		ess	affected employee You agree to furn Your participation If there are any ch SharedWork prog	es worked thei ish all reports is consistent langes to the ir ram staff imm
Fax: If not located at address above Address: City: 5. Is your business experiencing	State:	If <u>not</u> located at addr Address: City:	State:		affected employee You agree to furn Your participation If there are any ch SharedWork prog You agree not to to	es worked thei ish all reports i is consistent tanges to the i ram staff imm use SharedWo
Fax: If not located at address above Address: City: 5. Is your business experiencing	State:	If <u>not</u> located at addr Address: City:	State:	ded	affected employee You agree to furn Your participation If there are any ch SharedWork prog You agree not to the	es worked theish all reports in is consistent tanges to the ir ram staff imm use SharedWo
Fax: If not located at address above Address: City: 5. Is your business experiencians.	State:ng an economic downturn?	If <u>not</u> located at addr Address: City:	State:		affected employee You agree to furn Your participation If there are any ch SharedWork prog You agree not to to	es worked theish all reports in is consistent tanges to the ir ram staff imm use SharedWo
Fax: If not located at address above Address: City: 5. Is your business experiencing the Address of the Addre	State: ng an economic downturn? rou reduced hours?	If not located at addr Address: City: Yes	State:		affected employee You agree to furn Your participation If there are any ch SharedWork prog You agree not to to By signing below, I, on behalf of the business Signature:	es worked thei ish all reports in is consistent isanges to the i ram staff imn use SharedWo Print r and that all in
Fax: If not located at address above Address: City: 5. Is your business experiencit 6. What date did you or will y 7. How many employees are y SharedWork? (Complete the attach 8. Estimate how many jobs wi	g an economic downturn: rou reduced hours? rou submitting to participa	If not located at addr Address: City: Yes te in m.)	State:		affected employee You agree to furn Your participation If there are any ch SharedWork prog You agree not to to By signing below, I, on behalf of the business	es worked thei ish all reports in is consistent isanges to the i ram staff imm use SharedWo Print n and that all in
Fax: If not located at address above Address: City: 5. Is your business experiencia 6. What date did you or will y 7. How many employees are y SharedWork? (Complete the attach 8. Estimate how many jobs wi Program.	State: Ing an economic downturn: You reduced hours? You submitting to participa hed employer plan employer list below ill be saved by using the Sh	If not located at addr Address: City: Yes te in	State:	ded	affected employee You agree to furn Your participation If there are any ch SharedWork prog You agree not to to By signing below, I, on behalf of the business Signature:	es worked thei ish all reports in is consistent isanges to the i ram staff imm use SharedWo Print n and that all in
Fax: If not located at address above Address:	State: Ing an economic downturn: You reduced hours? You submitting to participa hed employer plan employer list below ill be saved by using the Sh	If not located at addr Address: City: Yes te in	State:	ded	affected employee You agree to furn Your participation If there are any ch SharedWork prog You agree not to to By signing below, I, on behalf of the business Signature:	es worked thei ish all reports in is consistent isanges to the i ram staff imm use SharedWo Print n and that all in

b) Employe writing by th	r union affiliation inf	ormation (if applic	able): The employer's SharedWorl cted collective bargaining agreements cress this application.	
Union:		Local:	Union:	Local:
Phone:		Ext.:	Phone:	Ext.:
Authorize	d union representative	name	Authorized union repres	sentative name
Print:			Print:	
Signature:			Signature:	
A He We Re cc ch	ffected employees wer ealth benefits will cont orked their usual week etirement benefits and nditions as when the anged for all your emp	e hired on a perman inue to be provided ly hours, unless heal contributions under affected employees ployees.	under the same terms and condition th benefits are changed for all you defined plans will continue to be p s worked their usual weekly hou	ons as when the affected employee ar employees. provided under the same terms and ars, unless retirement benefits are eterms and conditions as when the
• Y	-	reports and informat	ly hours. tion necessary for proper administr bligations under federal and state le	
• If		to the information o	n this application or employee (pa	
• Y	ou agree not to use Sha	aredWork to subsidi	ze seasonal employees during the	off season.
By signing	below, I,	Print name	certify that I am author	rized to sign this document
on behalf	of the business and the	at all information pr	ovided on this application is true	and correct.
Signature:	Owner, Proprietor, CEO, CF	O, CO, GM, HR Manag	Title:er, Payroll Manager	Date:

SharedWork Participant List



Apply online – quick and easy

Apply through eServices

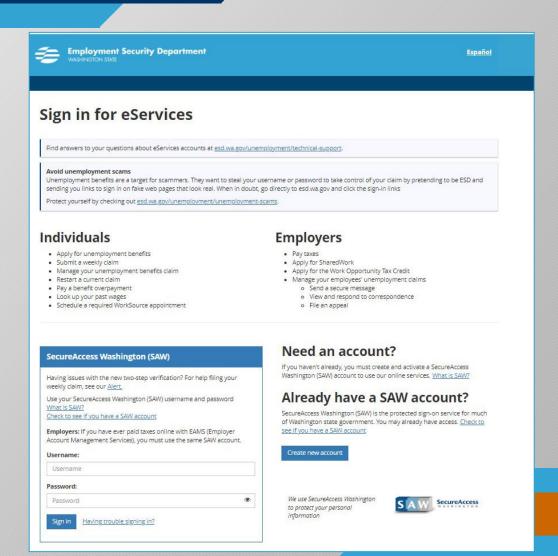
If you have ever paid taxes online with EAMS (Employer Account Management Services), you must use the same SAW account.

secure.esd.wa.gov - Link to site

Questions?

For help signing into eServices, see https://esd.wa.gov/unemployment/technical-support.

SAW Help Desk 855-682-0785 -



Contact SharedWork

Employers can verify their eligibility in minutes and get answers by calling 800-752-2500 and choosing Option 3.

800-752-2500

8am to 4pm, Monday through Friday

Option 1 – Claims

Option 2 – Existing Plans

Option 3 – New Plan Inquiry

Option 4 – I was asked to call

sharedworkplansect@esd.wa.gov

More ways to learn about SharedWork

- Watch our commercial on Youtube.
- The SharedWork program will be hosting many regional and statewide free virtual events for employers in Washington.

esd.wa.gov/SharedWork/events

- The SharedWork program will be hosting weekly webinars through the year end to help businesses get informed.
- Wednesdays 10:45 a.m. | <u>SharedWork</u>
 <u>Q&A for businesses webinar</u>.
- Download the SharedWork info card.

Contact SharedWork



Employers can verify their eligibility in minutes and get answers by calling 800-752-2500 and choosing Option 3.

800-752-2500

8am to 4pm, Monday through Friday

Option 1 – Claims

Option 2 – Existing Plans

Option 3 – New Plan Inquiry

Option 4 – I was asked to call

sharedworkplansect@esd.wa.gov

More ways to learn about SharedWork

- Watch a commercial by <u>clicking here</u>.
- The SharedWork program will be hosting many regional and statewide free virtual events for employers in Washington. Check out our event lineup: esd.wa.gov/SharedWork/events
- The SharedWork program will be hosting weekly webinars through the year end to help businesses get informed. Wednesdays 11:15 a.m. SharedWork Q&A for businesses. Click here to register.
- Download the SharedWork info card by clicking here.



Call now while the wait time is minimal.





SharedWork Program Support

800-752-2500 option 3, 8am to 4pm, Monday through Friday sharedworkplansect@esd.wa.gov | SharedWorkWA.com

Work Opportunity Tax Credit

Federal Bonding Program



What does WOTC do?

- The Work Opportunity Tax Credit (WOTC) is a tax incentive for employers to hire certain job seekers. The goal is to help these individuals become economically self-sufficient and to reward employers who give them a chance.
- Participating employers can reduce their Federal income tax liability by \$2,400-\$9,600 per eligible employee.
- All applications must be submitted within 28 days of the employee's start date.

How it works: Veterans

Veteran target group	Worked at least 120 hours but less than 400 hours	Worked at least 400 hours
Received food stamps 3 of last 15 months	Up to \$1,500	Up to \$2,400
Disabled veteran hired within 1 year of leaving service	Up to \$3,000	Up to \$4,800
Disabled veteran unemployed at least 6 months	Up to \$6,000	Up to \$9,600
Unemployed at least 4 weeks	Up to \$1,500	Up to \$2,400
Unemployed at least 6 months	Up to \$3,500	Up to \$5,600

How it works: Other groups

Group	Worked at least 120 hours but less than 400 hours	Worked at least 400 hours
Received food stamps	Up to \$1,500	Up to \$2,400
Short-term TANF recipient	Up to \$1,500	Up to \$2,400
Long-term TANF recipient	N/A	Up to \$9,000
Vocational rehabilitation referral	Up to \$1,500	Up to \$2,400

Group	Worked at least 120 hours but less than 400 hours	Worked at least 400 hours
Ex-felon	Up to \$1,500	Up to \$2,400
SSI recipient	Up to \$1,500	Up to \$2,400
Long-term unemployed	Up to \$1,500	Up to \$2,400

Important forms

Form 8850

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

Link to form

Your na Street a City or t County If you ar	town, state, and town, state, and town, state, and town, state, and town town town town, state, and	Telephone number	rticipating local agenc
Street a City or t County If you ar	town, state, and town, state, and town, state, and town, state, and town town town town, state, and	Social security number It ZIP code Telephone number dif you received a conditional certification from the state workforce agency (SWA) or a part opportunity credit. If any of the following statements apply to you. If any of the following statements apply to you.	rticipating local agenc
Street a City or t County If you ar	conditions where y town, state, and re under age 40. Check here for the work Check here I am a m months d I am a ver stamps) f	tou live It ZIP code Telephone number , enter your date of birth (month, day, year) if you received a conditional certification from the state workforce agency (SWA) or a part opportunity credit. if any of the following statements apply to you. where of a family that has received assistance from Temporary Assistance for Needy Family they have a family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance for Needy Family that has received assistance from Temporary Assistance fro	
City or t County If you ar	re under age 40 Check here for the work Check here I am a me months d I am a ve stamps) f	Telephone number	
County If you ar	check here for the work Check here I am a m months d I am a ve stamps) f		
If you ar	Check here for the work Check here I am a m month a se stamps) f	if you received a conditional certification from the state workforce agency (SWA) or a pa opportunity credit. If any of the following statements apply to you. If any of the following statements apply to you. If any of the following statements apply to you.	
1 [Check here for the work Check here I am a me months d I am a ve stamps) f	if you received a conditional certification from the state workforce agency (SWA) or a pa opportunity credit. If any of the following statements apply to you. If any of the following statements apply to you. If a family that has received assistance from Temporary Assistance for Needy Fauring the past 18 months.	
	for the work Check here I am a monoths d I am a verostamps) f	opportunity credit. if any of the following statements apply to you. where of a family that has received assistance from Temporary Assistance for Needy Fa	
2 [I am a me months d I am a ve stamps) f	ember of a family that has received assistance from Temporary Assistance for Needy Fa uring the past 18 months.	amilies (TANF) for any
	stamps) f		
		leran and a member of a family that received Supplemental Nutrition Assistance Program or at least a 3-month period during the past 15 months.	
	program,	rred here by a rehabilitation agency approved by the state, an employment network unde or the Department of Veterans Affairs.	er the Ticket to Work
		ast age 18 but not age 40 or older and I am a member of a family that: ed SNAP benefits (food stamps) for the past 6 months; or	
		ed SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to e past year, I was convicted of a felony or released from prison for a felony.	receive them.
		supplemental security income (SSI) benefits for any month ending during the past 60 dateran and I was unemployed for a period or periods totaling at least 4 weeks but less the	
	past year		ar o monato daring tr
3 [Check here year.	if you are a veteran and you were unemployed for a period or periods totaling at least 6	months during the pas
4 [if you are a veteran entitled to compensation for a service-connected disability and y m active duty in the U.S. Armed Forces during the past year.	ou were discharged o
5 [if you are a veteran entitled to compensation for a service-connected disability and you riods totaling at least 6 months during the past year.	were unemployed for
6 [if you are a member of a family that:	
	 Received 	IANF payments for at least the past 18 months; or TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-r st 5, 1997, ended during the past 2 years; or	month period beginnin
	 Stopped b 	s. o, 1 agr, encod curring the past 2 years, or eing eligible for TANF payments during the past 2 years because federal or state law lim nents could be made.	ited the maximum tim
7 [if you are in a period of unemployment that is at least 27 consecutive weeks and for a d unemployment compensation.	ll or part of that perio
		Signature—All Applicants Must Sign	
	natties of perjury, I o nd complete.	ociare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the b	best of my knowledge, true,
	plicant's signa	Date Date	

Important forms

Form 9061

Individual
Characteristic
Form (ICF)
Work Opportunity
Tax Credit

Link to form

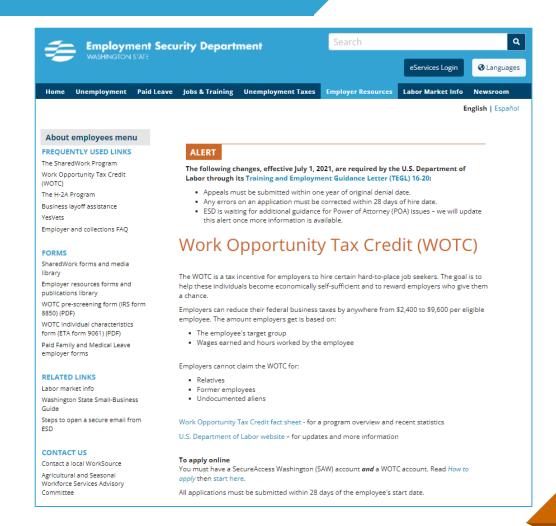
U.S. Department Of Labor Employment and Training Admini	stration Individual Characteristics Form Work Opportunity Tax Credi	OMB Control No. 1205-0371 (ICF) Expiration Date: March 31, 2023
Control No. (For Agency use only)	APPLICANT INFORMATION (See instructions on reverse)	Date Received (For Agency Use only)
	EMPLOYER INFORMATION	
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
	APPLICANT INFORMATION	
6. Applicant Name (Last, First, MI)	7. Social Security Number	Have you worked for this employed before? Yes No If YES, enter last date of employment:
APPLICANT CHARA	CTERISTICS FOR WOTC TARGET G	ROUP CERTIFICATION
9. Employment Start Date	10. Starting Wage	11. Position
 Are you at least age 16, but unde If YES, enter your date of birth 	r age 40?	Yes No No
Program (SNAP) benefits (Food before you were hired? If YES, enter name of primary re- city and state where benefits wer OR, are you a veteran entitled to If YES, were you discharged or r OR, were you unemployed for a consecutive) during the year before	mily that received Supplemental Nutritic Stamps) for at least 3 months during the spicert ance received compensation for a service-connected eleased from active duty within a year b combined period of at least 6 months (re	e 15 months Yes No O I disability? Yes No O No O whether or not Yes No O
(SNAP) (formerly Food Stamps) OR, received SNAP benefits for. But you are no longer receiving I If YES to either question, enter And state where benefits were re	name of <i>primary recipient</i>	re hired? Yes No 1 5 months Yes No 2 and city
a State?	by a Vocational Rehabilitation Agency under the Ticket to Work Program?	Yes No Yes No Yes No Yes No Yes No Yes No Yes

For more information

ESD's website

esd.wa.gov/WOTC

Link to site

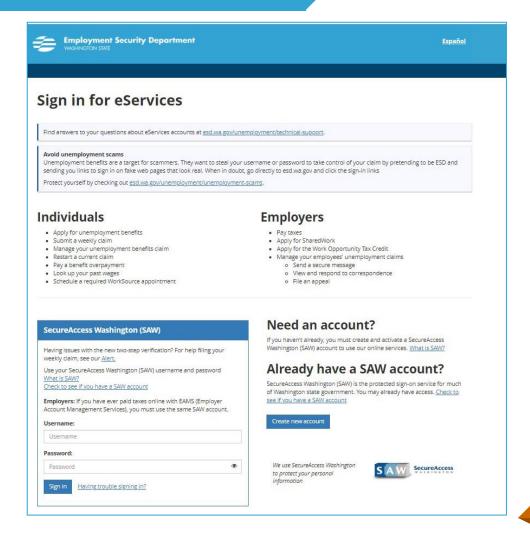


For more information

eServices

secure.esd.wa.gov/ home

Link to site



Federal Bonding Program

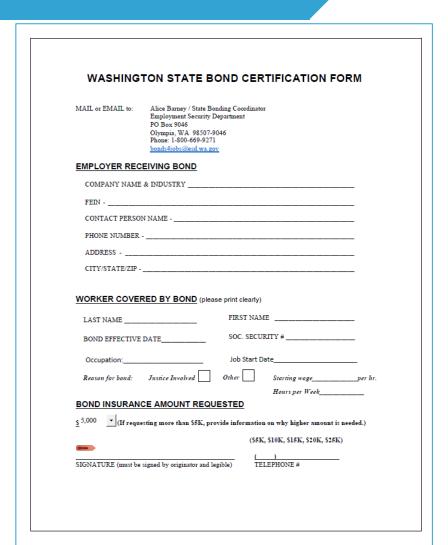
- Program protects employers against employee acts of dishonesty. The bond provides 100% coverage and has no deductible.
- Employers receive the bonds free of charge. Each new hire can be bonded from \$5,000 to \$25,000 with \$0 deductible covering the first six months of employment.
- Bonds can be applied to any full- or part-time employee-paid wages (with federal taxes deducted from pay).
- Note: Self-employed people cannot be covered by fidelity bonds.

Important forms

Washington State

Bond Certification Form

Link to form



For more information

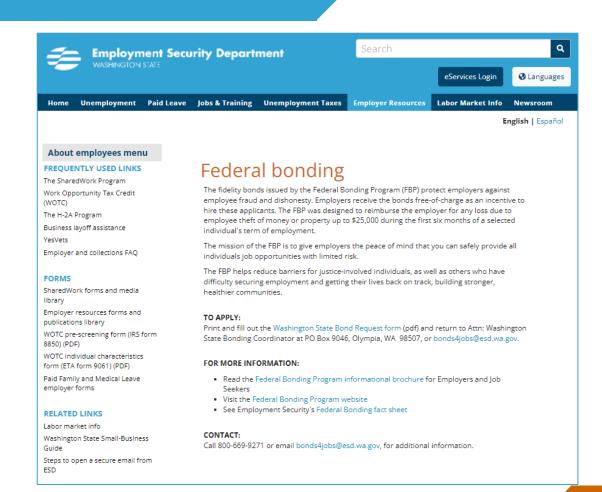
ESD's website

esd.wa.gov/bonding

Link to site

Or email us

bonds4jobs@esd.wa.gov



Questions? Comments?

- For more information, go to:
 - <u>esd.wa.gov/wotc</u>
 - <u>esd.wa.gov/bonding</u>
- Contact information:

Alice Barney, State Coordinator

Phone: (800) 669-9271

Email: <u>alice.barney@esd.wa.gov</u>

WOTC Unit email: ESDGPWOTC@esd.wa.gov

Bonding email: <u>BONDS4JOBS@esd.wa.gov</u>





Resources for Washington businesses

Gain important insights about SharedWork and the Paid Family and Medical Leave programs for a competitive workforce advantage!



Tuesday, May 9
10:30 a.m. English | 2:00 p.m. Spanish
SharedWork and Paid Family and
Medical Leave









Thank you for joining us today