

Welcome

Resources for Washington businesses

Learn about three programs that support your business and employees. This free webinar will show employers how to use SharedWork, WOTC and federal bonding programs for a competitive workforce advantage!

**SharedWork, Work Opportunity Tax
and Federal Bonding programs**

**Wednesday, September 20
10:30 - 11:30 a.m.**



Goals for today



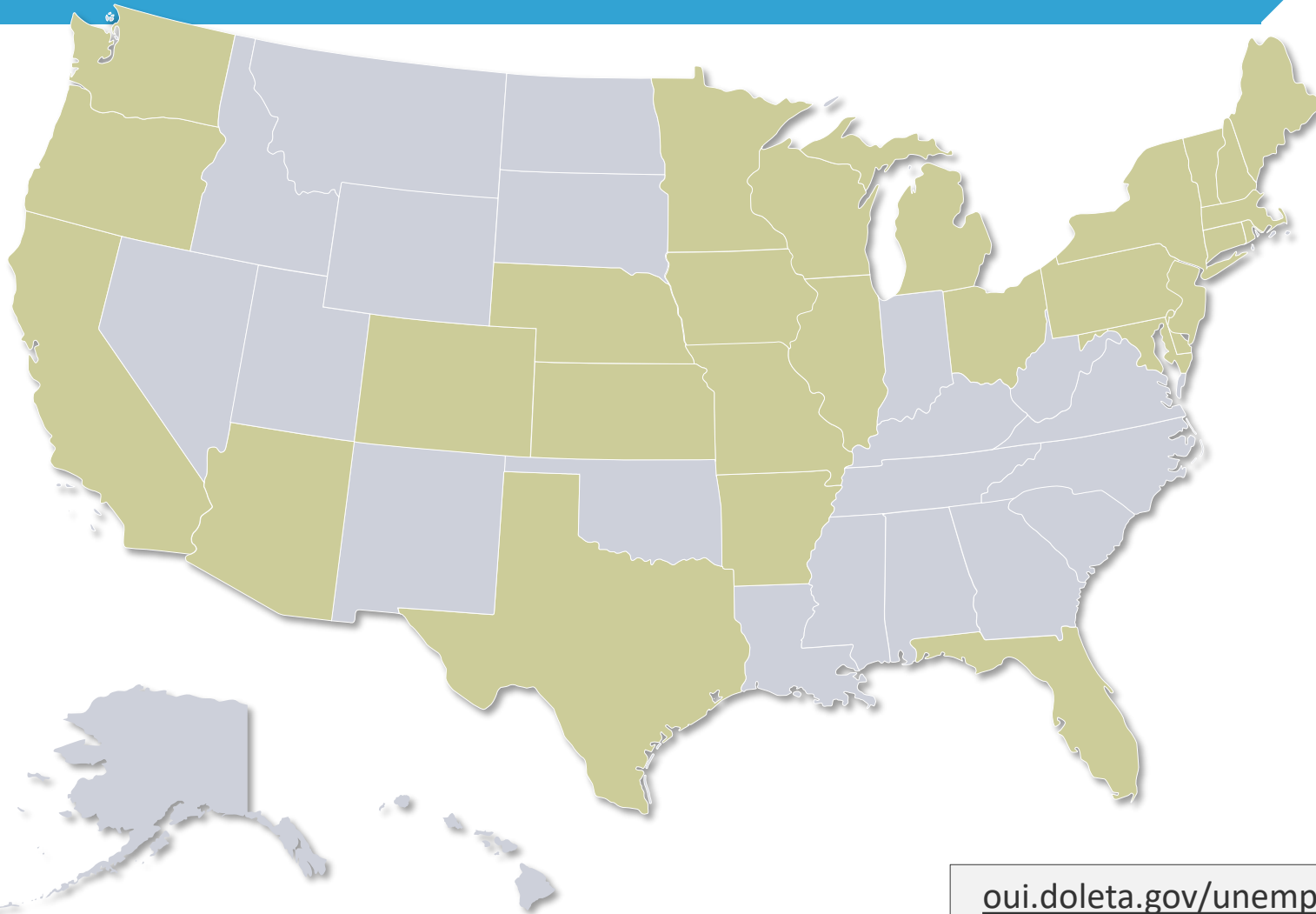
1. Learn how the SharedWork program supports Washington businesses and employees during uncertain times.
2. Gain insights into recruitment and retention with the Work Opportunity Tax Credit Program and Federal Bonding protection.



SharedWork - A proven business solution!

SharedWorkWA.com

States currently offering a Short-Time Compensation (STC) program



Offers Short-Time Compensation (STC) through Unemployment Compensation (UC) departments.

Top 5 reasons employers sign up:

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

Sources: IMPAQ International, U.S. Department of Labor Employment and Training Administration

SharedWork in Washington

SharedWork is a voluntary employer assistance program that helps to stabilize employers and employees during a temporary economic setback.

- Employers reduce worker hours to save payroll costs, instead of cutting jobs.
- SharedWork pays employees a prorated percentage of unemployment insurance benefits.

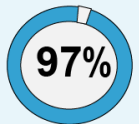


"Employers who use this program as an alternative to reducing their workforce are better prepared to gear up quickly when the economy recovers," Brooks said. "They are also spared the expense of recruiting, hiring and training new employees."

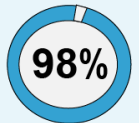
SharedWork in Washington



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:

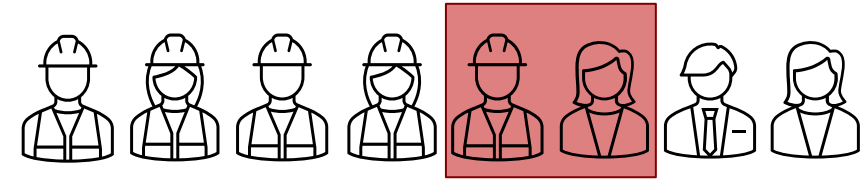
1. All permanent (part-time and full-time) employees may participate in SharedWork.
2. Employee must have a valid UI claim - worked at least 680 hours during their base year (includes all employment)
3. Must be able and available for all scheduled hours by SharedWork employer.

A temporary workforce reduction example



“We are a residential and commercial inspection company. There are less buyers that qualify, and, as a result, less inspections are being scheduled. Business goes down 18% and halts growth in all departments.”

~ Ana Ramirez, Boggs Inspection Services, Lacey



Ana's business is experiencing a temporary economic downturn. She employs 8 individuals. Instead of letting go of employees, she enrolls in the SharedWork program and reduces the workweek.

In lieu of layoffs. Ana gets her SharedWork plan approved for fifty-two weeks. There is no cost to enroll, and plans can be renewed year after year.

Reduced workweek. An employer may reduce an employee's usual weekly hours of work from ten to fifty percent and the employee can receive the same percentage of unemployment benefits.

Summary. The 8 employees would each receive wages from their employer, while also remaining eligible for up to 50 percent of their respective weekly benefit amount under SharedWork.

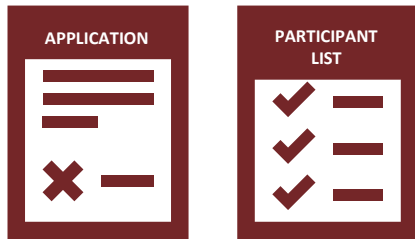


Enrolling is fast, free and easy!



1

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



2

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



3

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



4

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



5

The employer representative checks the weekly **SharedWork Payments Report** for accuracy.

A temporary workforce reduction example ctd.



“Once we signed onboard, employees felt a sense of relief that they didn't have to go look for another job to supplement their income, and they didn't feel that they had to compromise their loyalty and commitment to the company. When they had the hours, they are committed and dedicated, and when they are not, they understand that the work is going to come,” said Ramirez.

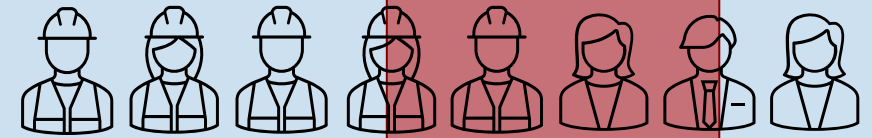
| 40 HOURS | |
|----------|-----------|
| HOURS | BENEFIT % |
| 36 | 10.0% |
| 35 | 12.5% |
| 34 | 15.0% |
| 33 | 17.5% |
| 32 | 20.0% |
| 31 | 22.5% |
| 30 | 25.0% |
| 29 | 27.5% |
| 28 | 30.0% |
| 27 | 32.5% |
| 26 | 35.0% |
| 25 | 37.5% |
| 24 | 40.0% |
| 23 | 42.5% |
| 22 | 45.0% |
| 21 | 47.5% |
| 20 | 50.0% |

How much will my employees get paid on SharedWork?

Example using 40-hour chart from the Employee payment calculation chart.

Employee usual work hours are 40 hours per week. The Unemployment Insurance (UI) weekly benefit amount (WBA) is \$800 per week, which is how much I would get if I were completely unemployed. I worked 20 hours for my employer. I will receive 50 percent of my WBA. If eligible, my SharedWork benefit payment would be \$400.

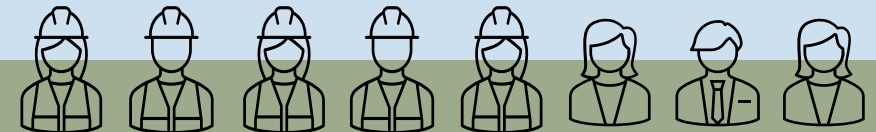
Week 1 Enroll



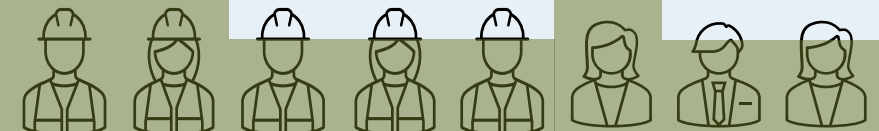
Week 2 Waiting All workers reduced 10%



Week 3 All workers reduced 50%



Week 4 5 workers reduced 20%



Week 5 7 workers reduced 40%



SharedWork testimonials

From the
SharedWork
industry panel
May 23, 2023



“Before SharedWork some of our employees did leave just knowing that we would have reduced hours. We haven't seen that at all since we started SharedWork, and that was huge for us. We had a meeting to start with SharedWork, and there was some skepticism at first, but once it got going, it's been seamless and they've been so happy, our employees. We have been able to retain everybody through SharedWork, and that has been such a boon for us.”

~ Carol Linge, Ed's Economy Roofing, Bush Prairie



“Once everyone got their paperwork done and into the routine of filing claims, it's been easy. They work the hours we have for them, and they do the Sharedwork claim for the difference. It helps stabilize their income. After two years, we added our inventory and service technicians. Six years ago, we added office staff, so now the whole company is on SharedWork. And we love it.”

~ Brenda Stutzman, Dayco Heating and Air Conditioning, Kennewick



“It has helped us retain our employees and given us a bit of flexibility. Some weeks a particular department is busier and we need those employees full-time and some weeks it's slower, and they can take a day of workshare. As the business increases again, it's easier to jump back in to fully staffed and up to speed. It's strategic in multiple ways.”

~ Michelle Dvorak, Pacific Northwest Title of Kitsap

SharedWork testimonials

From the
SharedWork
industry panel
Feb. 21, 2023



"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, Chicago Title of Washington, 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

Two EASY ways to apply

Apply by eServices, electronic upload or fax

1. Download the Employer plan application (pdf). If you need more space to add employee names, download the Participant list (Excel).
2. Here you can Upload all documents 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 Security Department
WASHINGTON STATE

SharedWork
EMPLOYER PLAN APPLICATION
Submit this form by fax to 800-701-7754 or
upload at [SharedWork upload](#)
Questions? Call 800-752-2500

Please print or type the following information. Answer all questions and sign to complete.

1. Employment Security Department (ESD) number: _____
Find this number on your ESD tax statement.

2. Business name: _____ DBA: _____

3. Mailing address: _____ City: _____
State: _____ ZIP code: _____ County: _____

Physical Location/Street address (if different from mailing address): _____
City: _____ State: _____ ZIP code: _____ County: _____

4. **Employer representative:** An employer must identify a representative to coordinate with SharedWork Program staff regarding the employer plan and eligible employee claims. Employer representatives must report changes and respond to written requests for information within 10 days. Representatives also must be easily available to program staff.

| Primary employer representative: | Alternate employer representative: |
|---|---|
| Name: _____ | Name: _____ |
| Job title: _____ | Job title: _____ |
| Email: _____ | Email: _____ |
| Phone: _____ Ext.: _____ | Phone: _____ Ext.: _____ |
| Fax: _____ | Fax: _____ |
| If not located at address above, provide location. Address: _____ | If not located at address above, provide location. Address: _____ |
| City: _____ State: _____ | City: _____ State: _____ |

5. Is your business experiencing an economic downturn? ☐ Yes ☐ Maybe

6. What date did you or will you reduced hours? _____
(month/day/year)

7. How many employees are you submitting to participate in SharedWork? (Complete the attached employer plan employee list below.) _____

8. Estimate how many jobs will be saved by using the SharedWork Program. _____

9. How will you give advance notice to affected employees whose hours are or will be reduced?
☐ Memo or letter ☐ Email ☐ Staff meeting ☐ Other: _____

If advance notice is not possible, please state why: _____

10. a) How many of your participating employees are union represented? _____ ☐ N/A

b) **Employer union affiliation information (if applicable):** The employer's SharedWork plan must be approved in writing by the collective bargaining agent for each affected collective bargaining agreement covering any affected employee. Approval signature(s) are required to process this application.

| | |
|--|--|
| Union: _____ Local: _____ | Union: _____ Local: _____ |
| Phone: _____ Ext.: _____ | Phone: _____ Ext.: _____ |
| Authorized union representative name Print: _____ | Authorized union representative name Print: _____ |
| Signature: _____ | Signature: _____ |

11. Your signature certifies that:

- You have at least two permanent employees enrolled in the SharedWork plan.
- Affected employees were hired on a permanent basis.
- Health benefits will continue to be provided under the same terms and conditions as when the affected employee worked their usual weekly hours, unless health benefits are changed for all your employees.
- Retirement benefits and contributions under defined plans will continue to be provided under the same terms and conditions as when the affected employees worked their usual weekly hours, unless retirement benefits are changed for all your employees.
- Paid vacation, holidays, and sick leave continue to be provided under the same terms and conditions as when the affected employees worked their usual weekly hours.
- You agree to furnish all reports and information necessary for proper administration of your SharedWork plan.
- Your participation is consistent with your obligations under federal and state law.
- If there are any changes to the information on this application or employee (*participant*) list, you will notify SharedWork program staff immediately.
- You agree not to use SharedWork to subsidize seasonal employees during the off season.

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

Signature: _____ Title: _____ Date: _____
Owner, Proprietor, CEO, CFO, CO, GM, HR Manager, Payroll Manager

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

Questions?

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

SAW Help Desk 855-682-0785

 **Employment Security Department**
WASHINGTON STATE

[Español](#)

Sign in for eServices

Find answers to your questions about eServices accounts at esd.wa.gov/unemployment/technical-support.

Avoid unemployment scams
Unemployment benefits are a target for scammers. They want to steal your username or password to take control of your claim by pretending to be ESD and sending you links to sign in on fake web pages that look real. When in doubt, go directly to esd.wa.gov and click the sign-in links.
Protect yourself by checking out esd.wa.gov/unemployment/unemployment-scams.

Individuals

- Apply for unemployment benefits
- Submit a weekly claim
- Manage your unemployment benefits claim
- Restart a current claim
- Pay a benefit overpayment
- Look up your past wages
- Schedule a required WorkSource appointment

Employers

- Pay taxes
- Apply for SharedWork
- Apply for the Work Opportunity Tax Credit
- Manage your employees' unemployment claims
 - Send a secure message
 - View and respond to correspondence
 - File an appeal

SecureAccess Washington (SAW)

Having issues with the new two-step verification? For help filing your weekly claim, see our [Alert](#).

Use your SecureAccess Washington (SAW) username and password
[What is SAW?](#)
[Check to see if you have a SAW account](#)

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

Username:

Password:

[Sign in](#) [Having trouble signing in?](#)

Need an account?


If you haven't already, you must create and activate a SecureAccess Washington (SAW) account to use our online services. [What is SAW?](#)

Already have a SAW account?

SecureAccess Washington (SAW) is the protected sign-on service for much of Washington state government. You may already have access. [Check to see if you have a SAW account](#)

[Create new account](#)

We use SecureAccess Washington to protect your personal information.

 **SecureAccess**
WASHINGTON

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

 **Employment Security Department**
WASHINGTON STATE

[Español](#)

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We use SecureAccess Washington to protect your personal information.

 **SecureAccess**
WASHINGTON

Work Opportunity Tax Credit

Federal Bonding Program



**Employment
Security
Department**
WASHINGTON STATE

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](#)

| | | |
|--|---|----------------------------------|
| Form 8850 <small>Form (Rev. March 2016) Department of the Treasury Internal Revenue Service</small> | Pre-Screening Notice and Certification Request for the Work Opportunity Credit <small>► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.</small> | <small>OMB No. 1545-1000</small> |
| Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side. | | |
| Your name _____ Social security number ► _____ | | |
| Street address where you live _____ | | |
| City or town, state, and ZIP code _____ | | |
| County _____ Telephone number _____ | | |
| If you are under age 40, enter your date of birth (month, day, year) _____ | | |
| 1 <input type="checkbox"/> Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit. | | |
| 2 <input type="checkbox"/> Check here if any of the following statements apply to you. <ul style="list-style-type: none">• I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.• I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.• I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.• I am at least age 18 but not age 40 or older and I am a member of a family that:<ul style="list-style-type: none">a. Received SNAP benefits (food stamps) for the past 6 months; orb. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.• During the past year, I was convicted of a felony or released from prison for a felony.• I received supplemental security income (SSI) benefits for any month ending during the past 60 days.• I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year. | | |
| 3 <input type="checkbox"/> Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year. | | |
| 4 <input type="checkbox"/> Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year. | | |
| 5 <input type="checkbox"/> Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year. | | |
| 6 <input type="checkbox"/> Check here if you are a member of a family that: <ul style="list-style-type: none">• Received TANF payments for at least the past 18 months; or• Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or• Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made. | | |
| 7 <input type="checkbox"/> Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation. | | |
| Signature—All Applicants Must Sign | | |
| <small>Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.</small> | | |
| Job applicant's signature ► _____ Date _____ | | |
| <small>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</small> <small>Cat. No. 22851L</small> <small>Form 8850 (Rev. 3-2016)</small> | | |

Important forms

Form 9061

Individual Characteristic Form (ICF) Work Opportunity Tax Credit

[Link to form](#)

| 1. Control No. (For Agency use only) | | 2. Date Received (For Agency Use only) |
|---|-----------------------------------|---|
| APPLICANT INFORMATION (See instructions on reverse) | | |
| 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 | 8. Have you worked for this employer before? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, enter last date of employment: _____ |
| APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION | | |
| 9. Employment Start Date | 10. Starting Wage | 11. Position |
| 12. Are you at least age 16, but under age 40? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, enter your date of birth: _____ | | |
| 13. Are you a Veteran of the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, enter name of primary recipient _____ and city and state where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, were you discharged or released from active duty within a year before you were hired? Yes <input type="checkbox"/> No <input type="checkbox"/> OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? Yes <input type="checkbox"/> No <input type="checkbox"/> OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES to either question, enter name of primary recipient _____ and city _____ And state where benefits were received _____. | | |
| 15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes <input type="checkbox"/> No <input type="checkbox"/> OR, by an Employment Network under the Ticket to Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/> OR, by the Department of Veterans Affairs? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 16. Are you a member of a family that received TANF assistance for at least the last 18 months | | |

For more information

ESD's website

esd.wa.gov/WOTC

[Link to site](https://esd.wa.gov/WOTC)

The screenshot shows the ESD Washington State website. The header includes the ESD logo, a search bar, and links for eServices Login and Languages. The main navigation bar lists Home, Unemployment, Paid Leave, Jobs & Training, Unemployment Taxes, Employer Resources, Labor Market Info, and Newsroom. The page is titled "Work Opportunity Tax Credit (WOTC)".

About employees menu

FREQUENTLY USED LINKS

- The SharedWork Program
- Work Opportunity Tax Credit (WOTC)
- The H-2A Program
- Business layoff assistance
- YesVets
- Employer and collections FAQ

FORMS

- SharedWork forms and media library
- Employer resources forms and publications library
- WOTC pre-screening form (IRS form 8850) (PDF)
- WOTC individual characteristics form (ETA form 9061) (PDF)
- Paid Family and Medical Leave employer forms

RELATED LINKS

- Labor market info
- Washington State Small-Business Guide
- Steps to open a secure email from ESD

CONTACT US

- Contact a local WorkSource
- Agricultural and Seasonal Workforce Services Advisory Committee

ALERT

The following changes, effective July 1, 2021, are required by the U.S. Department of Labor through its [Training and Employment Guidance Letter \(TEGL\) 16-20](#):

- Appeals must be submitted within one year of original denial date.
- Any errors on an application must be corrected within 28 days of hire date.
- ESD is waiting for additional guidance for Power of Attorney (POA) issues – we will update this alert once more information is available.

Work Opportunity Tax Credit (WOTC)

The WOTC is a tax incentive for employers to hire certain hard-to-place job seekers. The goal is to help these individuals become economically self-sufficient and to reward employers who give them a chance.

Employers can reduce their federal business taxes by anywhere from \$2,400 to \$9,600 per eligible employee. The amount employers get is based on:

- The employee's target group
- Wages earned and hours worked by the employee

Employers cannot claim the WOTC for:

- Relatives
- Former employees
- Undocumented aliens

[Work Opportunity Tax Credit fact sheet](#) - for a program overview and recent statistics

[U.S. Department of Labor website](#) - for updates and more information

To apply online

You must have a SecureAccess Washington (SAW) account **and** a WOTC account. Read [How to apply](#) then [start here](#).


All applications must be submitted within 28 days of the employee's start date.

For more information

eServices

secure.esd.wa.gov/
home

[Link to site](#)

 **Employment Security Department**
WASHINGTON STATE

[Español](#)

Sign in for eServices

Find answers to your questions about eServices accounts at esd.wa.gov/unemployment/technical-support.

Avoid unemployment scams
Unemployment benefits are a target for scammers. They want to steal your username or password to take control of your claim by pretending to be ESD and sending you links to sign in on fake web pages that look real. When in doubt, go directly to esd.wa.gov and click the sign-in links.
Protect yourself by checking out esd.wa.gov/unemployment/unemployment-scams.

Individuals

- Apply for unemployment benefits
- Submit a weekly claim
- Manage your unemployment benefits claim
- Restart a current claim
- Pay a benefit overpayment
- Look up your past wages
- Schedule a required WorkSource appointment

Employers

- Pay taxes
- Apply for SharedWork
- Apply for the Work Opportunity Tax Credit
- Manage your employees' unemployment claims
 - Send a secure message
 - View and respond to correspondence
 - File an appeal

SecureAccess Washington (SAW)

Having issues with the new two-step verification? For help filing your weekly claim, see our [Alert](#).

Use your SecureAccess Washington (SAW) username and password.
[What is SAW?](#)
[Check to see if you have a SAW account](#)

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

Username:

Password:

[Sign in](#) [Having trouble signing in?](#)

Need an account?


If you haven't already, you must create and activate a SecureAccess Washington (SAW) account to use our online services. [What is SAW?](#)

Already have a SAW account?

SecureAccess Washington (SAW) is the protected sign-on service for much of Washington state government. You may already have access. [Check to see if you have a SAW account](#).

[Create new account](#)

We use SecureAccess Washington to protect your personal information.

 **SecureAccess**
WASHINGTON

Federal Bonding Program

- Created in 1966 by USDOL, the **Federal Bonding 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](#)

WASHINGTON STATE BOND CERTIFICATION FORM

MAIL or EMAIL to: Alice Barney / State Bonding Coordinator
Employment Security Department
PO Box 9046
Olympia, WA 98507-9046
Phone: 1-800-669-9271
bonds4jobs@esd.wa.gov

EMPLOYER RECEIVING BOND

COMPANY NAME & INDUSTRY _____

FEIN - _____

CONTACT PERSON NAME - _____

PHONE NUMBER - _____

ADDRESS - _____

CITY/STATE/ZIP - _____

WORKER COVERED BY BOND (please print clearly)

LAST NAME _____ FIRST NAME _____

BOND EFFECTIVE DATE _____ SOC. SECURITY # _____

Occupation: _____ Job Start Date _____

Reason for bond: Justice Involved ☐ Other ☐ Starting wage _____ per hr.
Hours per Week _____

BOND INSURANCE AMOUNT REQUESTED

\$ 5,000 ☐ (If requesting more than \$5K, provide information on why higher amount is needed.)

((\$5K, \$10K, \$15K, \$20K, \$25K))

SIGNATURE (must be signed by originator and legible) _____ TELEPHONE # _____

For more information

ESD's website

esd.wa.gov/bonding

[Link to site](http://esd.wa.gov/bonding)

Or email us

bonds4jobs@esd.wa.gov

The screenshot shows the Washington State Employment Security Department (ESD) website. The header includes the ESD logo, the text "Employment Security Department WASHINGTON STATE", a search bar, and links for "eServices Login" and "Languages". The navigation menu contains links for Home, Unemployment, Paid Leave, Jobs & Training, Unemployment Taxes, Employer Resources, Labor Market Info, and Newsroom. The page is titled "Federal bonding" and provides information about the Federal Bonding Program (FBP), its purpose, and how to apply. It also includes sections for frequently used links, forms, and related links.

Employment Security Department
WASHINGTON STATE

Search

eServices Login Languages

Home Unemployment Paid Leave Jobs & Training Unemployment Taxes Employer Resources Labor Market Info Newsroom

English | Español

About employees menu

FREQUENTLY USED LINKS

- The SharedWork Program
- Work Opportunity Tax Credit (WOTC)
- The H-2A Program
- Business layoff assistance
- YesVets
- Employer and collections FAQ

FORMS

- SharedWork forms and media library
- Employer resources forms and publications library
- WOTC pre-screening form (IRS form 8850) (PDF)
- WOTC individual characteristics form (ETA form 9061) (PDF)
- Paid Family and Medical Leave employer forms

RELATED LINKS

- Labor market info
- Washington State Small-Business Guide
- Steps to open a secure email from ESD

Federal bonding

The fidelity bonds issued by the Federal Bonding Program (FBP) protect employers against employee fraud and dishonesty. Employers receive the bonds free-of-charge as an incentive to hire these applicants. The FBP was designed to reimburse the employer for any loss due to employee theft of money or property up to \$25,000 during the first six months of a selected individual's term of employment.

The mission of the FBP is to give employers the peace of mind that you can safely provide all individuals job opportunities with limited risk.

The FBP helps reduce barriers for justice-involved individuals, as well as others who have difficulty securing employment and getting their lives back on track, building stronger, healthier communities.

TO APPLY:

Print and fill out the [Washington State Bond Request form](#) (pdf) and return to Attn: Washington State Bonding Coordinator at PO Box 9046, Olympia, WA 98507, or bonds4jobs@esd.wa.gov.

FOR MORE INFORMATION:

- Read the [Federal Bonding Program informational brochure](#) for Employers and Job Seekers
- Visit the [Federal Bonding Program website](#)
- See Employment Security's [Federal Bonding fact sheet](#)

CONTACT:

Call 800-669-9271 or email bonds4jobs@esd.wa.gov, for additional information.

Questions? Comments?

■ For more information, go to:

- esd.wa.gov/wotc
- esd.wa.gov/bonding

■ Contact information:

Malcolm Erickson, Program Coordinator

Phone: (360) 890-3476

Email: Malcolm.Erickson@esd.wa.gov

WOTC Unit email: ESDGPWOTC@esd.wa.gov

Bonding email: BONDS4JOBS@esd.wa.gov

Thank you!

Q&A



Next webinar

Resources for Washington businesses

This webinar features the SharedWork program and the role of WorkSource in your state and local community. Employers can learn the latest developments and information to help their businesses and employees succeed.

**SharedWork, WorkSource resources,
programs and services**

**Wednesday, Oct. 18
10:30 - 11:30 a.m.**



THANK YOU



Employment Security Department
WASHINGTON STATE



A proud partner of the American[★]JobCenter network

WorkSource is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Relay Service: 711

Thank you for joining us today

A photograph of a smiling Black man in a dark blue suit and white shirt, standing in a modern office environment with wooden desks and computers in the background.

BUSINESSES, EMPLOYEES
FAMILIES & COMMUNITIES

WIN
with
SharedWork

SharedWorkWA.com

 **Employment
Security
Department**
WASHINGTON STATE