



## Recursos para empresas de Washington

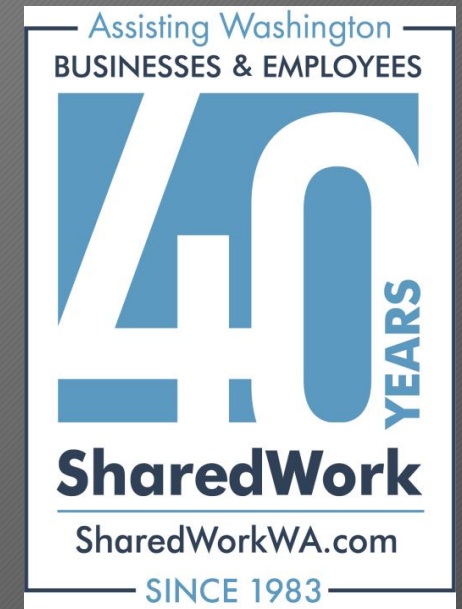
¡Obtenga información importante sobre SharedWork, Crédito Tributario por Oportunidad de Trabajo y Programas de Fianzas Federales para obtener una ventaja competitiva en la fuerza laboral!

**SharedWork, Crédito Tributario por  
Oportunidad de Trabajo y Fianzas Federal**  
mié 20 de septiembre  
2:00 - 3:00 p.m.



# Bienvenido

# Todo lo que necesita saber del programa de SharedWork



# Bienvenido



# Los objetivos de hoy



1. Conozca SharedWork – ¿Qué es?
2. ¿Por qué SharedWork?
3. Conozca cómo iniciar el proceso de elegibilidad.
4. Inscríbase para preparar, proteger y preservar su fuerza laboral.
5. Conozca los programas de Crédito Tributario para la Oportunidad de Trabajo (WOTC) y Fianzas Federales (Bonding). Programas para contratar y retener ciertos empleados que califican, y para la protección de su negocio con fianzas.

EMPRESA, EMPLEADO  
FAMILIA & COMUNIDAD

# GANANA

*CON*

## SharedWork

[SharedWorkWA.com](http://SharedWorkWA.com)



Employment  
Security  
Department  
WASHINGTON STATE



SharedWork - ¡Una solución comercial comprobada!

[SharedWorkWA.com](http://SharedWorkWA.com)

# ¿Qué es SharedWork?

SharedWork es un programa de asistencia voluntaria que ha estabilizado a las empresas y empleados de Washington durante reveses económicos temporales.

- Los empleadores reducen las horas de los trabajadores para ahorrar costos de nómina, en lugar de eliminar puestos de trabajo.
- SharedWork le paga a los empleados un porcentaje reducido de los beneficios del seguro de desempleo.

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%

**Ejemplo de pago de SharedWork utilizando un gráfico de cálculo de 40 horas.** El horario semanal de trabajo de los empleados es de 40 horas a la semana. El monto del beneficio semanal (WBA) del Seguro de Desempleo (UI, por sus siglas en inglés) es de \$400 por semana, que es lo que obtendría si estuviera completamente desempleado. Trabajé 20 horas para mi patrón. Recibiré el 50 por ciento de mi WBA. Si es elegible, mi pago de beneficios de SharedWork sería de \$200.



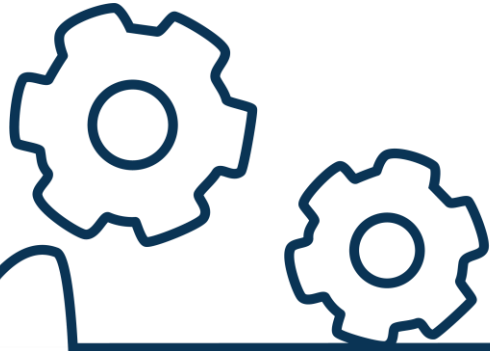
# El Programa de SharedWork

Un programa probado de 40 años que ayuda a los empleadores a:

- Estabilizar su negocio
- Retener su mano de obra calificada
- Continuar sirviendo a los clientes
- Evita despidos y atrae talento



# SharedWork en Washington



En una encuesta de empleadores anteriores que se inscribieron en el programa SharedWork de Washington:

97%

SharedWork mejoró la moral de los empleados.

98%

El programa ayudó a retener a los trabajadores calificados.

99%

Recomendaría SharedWork a otro empleador.

## Requisitos del empleador para SharedWork:

1. Debe ser un negocio registrado legalmente en el estado de Washington.
2. Debe tener un número del Departamento para la Seguridad del Empleo (ESD).
3. Debe tener al menos dos empleados permanentes, que no sean funcionarios corporativos, afectados por una reducción de horas y salarios.
4. Continuar brindando los mismos beneficios a los empleados.

## Requisitos del empleado para SharedWork:

1. Todos los empleados permanentes (tiempo parcial y tiempo completo) pueden participar en SharedWork.
2. El empleado debe tener un reclamo de UI válido: trabajó al menos 680 horas durante su año base (incluye todo el empleo).
3. Debe poder y estar disponible para todas las horas programadas por el empleador de SharedWork.

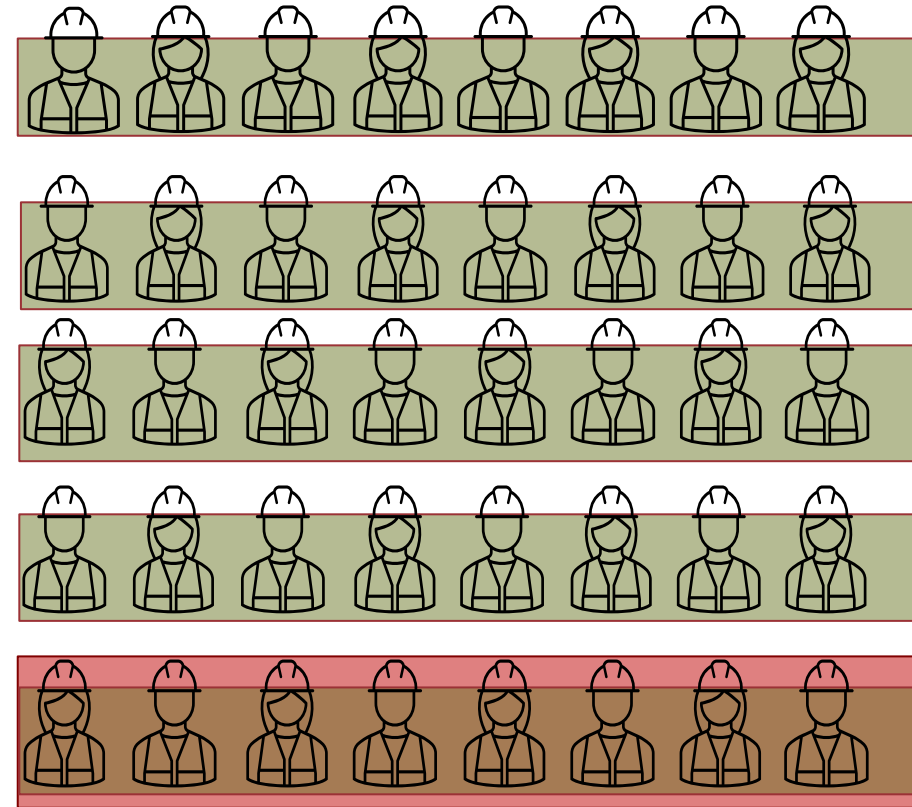
# Un ejemplo de reducción de mano de obra temporal

La empresa de remodelación de Ryna está experimentando retrasos con materiales para hacer el trabajo y está afectando algunos lugares. Ella emplea a 8 personas y todos califican para el desempleo.

**En lugar de despidos.** Ryna tiene suficiente trabajo para 4 empleados de tiempo completo. El empleador puede evitar el despido de 4 empleados de tiempo completo manteniendo a los 8 empleados y reduciendo la semana laboral.

**Semana laboral reducida.** El empleador redujo la semana laboral de 40 horas a 32 horas, lo que representa una reducción del 20 por ciento y está permitida por la ley estatal; entre un 10% y un 50% es una reducción aceptable cada semana con *SharedWork*.

**Resumen.** Cada uno de los 8 empleados que regresan recibiría el 80 por ciento de sus salarios de su empleador, mientras que también seguirían siendo elegibles para el 20 por ciento de su beneficio semanal bajo *SharedWork*.





# Escenario: 20 por ciento de reducción de nómina



**Sin SharedWork**  
4 employees laid off  
4 employees full-time

**Despedida**



**\$800**  
\$20 x 40 hrs

**Empleada de tiempo completo**



**\$800**  
\$20 x 40 hrs

**Con SharedWork**  
8 employees working  
20% fewer hours.

**Tiempo completo con reducción de 20%**



\$20 x 40 hrs

**Tiempo parcial con reducción de 20%**



\$20 x 30 hrs

**Promedio de ingresos semanales**  
(antes de reducción)

**Promedio de ingresos semanales**  
(con reducción)

Horas trabajado	0	40
Beneficio semanales (Seguro de desempleo)	\$400	\$0
Salarios semanales	0	\$800
<b>Ingresos semanales Sin SharedWork</b>	<b>\$400</b>	<b>\$800</b>

<b>After 20% SharedWork Reduction</b>	Horas trabajado (reducción de 20%)	32	24
	Beneficio semanales (Seguro de desempleo)	\$80	\$60
	Salarios semanales	\$640	\$480
	<b>Ingresos semanales SharedWork</b>	<b>\$720</b>	<b>\$540</b>

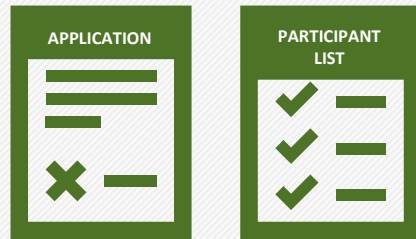
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# Cómo funciona



1



2



3



4



5

El empleador llama a SharedWork al **1-800-752-2500** option 3 para para verificar la elegibilidad del negocio.

El empleador **asigna un representante** de SharedWork (o dos) y presenta **una Solicitud** de plan de empleador y **una Lista** de participantes.

Una vez que se aprueba el plan del empleador, cada participante presenta **una Solicitud de empleo** y puede [presentar reclamos semanales](#).

El empleado recibe **salarios ganados** y **una parte de los beneficios del seguro de desempleo** cuando se reducen las horas.

El representante del empleador verifica la exactitud del **Informe de Pagos de Trabajo** compartido semanal.

# Dos formas FÁCILES de aplicar

## Aplicar por eServices, carga electrónica o fax

1. Descarga la solicitud del plan de Empresa (pdf). Si necesita más espacio para agregar nombres de empleados, descargue la lista de participantes (Excel)
2. Aquí puedes [Subir todos los documentos](#) directamente al equipo de SharedWork, o por fax al 1-800-701-7754

Recuerda:

- Incluya el nombre de su empresa en el nombre del archivo
- Firme y feche todos los formularios
- Obtener la firma del agente de negociación colectiva, si corresponde.

**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 <b>not</b> located at address above, provide location. Address: _____	If <b>not</b> 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

# Lista de Participantes en SharedWork

Company name:

ESD number:

Date: mm/dd/yyyy

Location:

**DO NOT CHANGE COLUMN/CELL FORMAT**

Employee First Name	Employee Last Name	Employee SSN xxxxxxxx (no dashes)	Date of Hire mm/dd/yyyy	Usual Weekly Hours Worked	Hourly Rate of Pay	Associated Union (leave blank if no union)

# Aplicar en línea - rápido y fácil

## Aplicar a través de eServices

Si alguna vez pagó impuestos en línea con EAMS (Servicios de administración de cuentas del empleador), debe usar la misma cuenta SAW.

secure.esd.wa.gov – [Enlace al sitio](#)

## ¿Preguntas?

Para obtener ayuda para iniciar sesión en eServices, consulte:

<https://esd.wa.gov/unemployment/technical-support>.

**SAW** - soporte técnico 1-855-682-0785

The screenshot shows the Employment Security Department (ESD) website for Washington State. The header includes the ESD logo and the text "Employment Security Department WASHINGTON STATE" and "English". The main heading is "Regístrese para eServices". Below this, there is a search bar with the text "Find answers to your questions about eServices accounts at [esd.wa.gov/unemployment/technical-support](https://esd.wa.gov/unemployment/technical-support)". A warning section titled "Evite las estafas de desempleo" (Avoid unemployment scams) states that scammers may try to steal login information and advises users to go directly to the ESD website. Below this, there are two columns: "Personas / particulares" (Individuals) and "Empresas / empleadores" (Businesses/Employers). The "Personas" column lists actions like applying for benefits, registering a claim, and managing tax credits. The "Empresas" column lists actions like paying taxes, applying for Shared Work, and managing tax credits. At the bottom, there is a "SecureAccess Washington (SAW)" section with a login form. The form includes fields for "Username" (Nombre de usuario) and "Password" (Contraseña), an "Ingresar" button, and a link for users with login problems. To the right of the login form, there are sections for "¿Necesita abrir una cuenta?" (Need to open an account?) and "¿Ya tiene una cuenta SAW?" (Do you have a SAW account?). The "¿Necesita abrir una cuenta?" section explains that users need to create and activate a SAW account and provides a link for more information. The "¿Ya tiene una cuenta SAW?" section explains that SAW is a protected registration service and provides a link for more information. At the bottom right, there is a "Crear nueva cuenta" button and a footer with the text "Usamos SecureAccess Washington para proteger sus datos personales" and the SAW logo.

# Llame a SharedWork

Los empleadores pueden verificar su elegibilidad en minutos y obtener respuestas llamando 1-800-752-2500 y selecciona la Opción 3.

## 1-800-752-2500

**8am to 4pm, Lunes a Viernes**

Opción 1 – Reclamaciones

Opción 2 – Planes existentes

**Opción 3 – Consulta sobre un nuevo plan**

Opción 4 – Me pidieron que llamara

[sharedworkplansect@esd.wa.gov](mailto:sharedworkplansect@esd.wa.gov)

## Más formas de aprender sobre SharedWork

- Mira nuestro comercial en [Youtube](#).
- El programa SharedWork organizará muchos **eventos virtuales gratuitos** regionales y estatales para empleadores en Washington [esd.wa.gov/SharedWork/events](http://esd.wa.gov/SharedWork/events)
- El programa SharedWork organizará seminarios web semanales hasta fin de año para ayudar a las empresas a informarse.

# Crédito Tributario por Oportunidad de Trabajo

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## Programa de bonos federales



**Employment  
Security  
Department**  
WASHINGTON STATE

# ¿Qué hace el WOTC?

- **El Crédito Tributario por Oportunidad de Trabajo (WOTC) es un incentivo fiscal** para que los empleadores contraten a ciertos solicitantes de empleo. El objetivo es ayudar a estas personas a ser autosuficientes económicamente y recompensar a los empleadores que les dan una oportunidad.
- Los empleadores que participan pueden **reducir su responsabilidad de impuestos federales sobre el ingreso en \$2,400-\$9,600** por cada empleado que sea elegible.
- Todas las solicitudes deben enviarse en un plazo de 28 días a partir de la fecha de inicio del empleado.



# Cómo funciona: veteranos

Grupo de veteranos al que va dirigido	Trabajó al menos 120 horas pero menos de 400 horas	Trabajó al menos 400 horas
Recibió cupones de alimentos 3 de los últimos 15 meses	Hasta \$1,500	Hasta \$2,400
Veterano con discapacidad contratado dentro de 1 año de haber dejar el servicio militar.	Hasta \$3,000	Hasta \$4,800
Veterano con discapacidad desempleado al menos 6 meses	Hasta \$6,000	Hasta \$9,600
Desempleado al menos 4 semanas	Hasta \$1,500	Hasta \$2,400
Desempleado al menos 6 meses	Hasta \$3,500	Hasta \$5,600

# Cómo funciona: otros grupos

Grupo	Trabajó al menos 120 horas pero menos de 400 horas	Trabajó al menos 400 horas	Grupo	Trabajó al menos 120 horas pero menos de 400 horas	Trabajó al menos 400 horas
Recibió cupones de alimentos	Hasta \$1,500	Hasta \$2,400	Ex convicto	Hasta \$1,500	Hasta \$2,400
Beneficiario de TANF a corto plazo	Hasta \$1,500	Hasta \$2,400	Beneficiario de SSI	Hasta \$1,500	Hasta \$2,400
Beneficiario de TANF a largo plazo	N/A	Hasta \$9,000	Desempleado a largo plazo	Hasta \$1,500	Hasta \$2,400
Recomendación de rehabilitación vocacional	Hasta \$1,500	Hasta \$2,400			

# Formularios importantes

## Formulario 8850

Aviso de preselección  
y solicitud de  
certificación para el  
crédito por  
oportunidad de  
trabajo

[Enlace al formulario](#)


<b>8850</b> <small>Form (Rev. March 2016) Department of the Treasury Internal Revenue Service</small>	<b>Pre-Screening Notice and Certification Request for the Work Opportunity Credit</b> <small>► Information about Form 8850 and its separate instructions is at <a href="http://www.irs.gov/form8850">www.irs.gov/form8850</a>.</small>	<small>OMB No. 1545-1500</small>
<b>Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.</b>		
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"><li>• 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.</li><li>• 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.</li><li>• 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.</li><li>• 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"><li>a. Received SNAP benefits (food stamps) for the past 6 months; or</li><li>b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.</li></ul></li><li>• During the past year, I was convicted of a felony or released from prison for a felony.</li><li>• I received supplemental security income (SSI) benefits for any month ending during the past 60 days.</li><li>• 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.</li></ul>		
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"><li>• Received TANF payments for at least the past 18 months; or</li><li>• 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</li><li>• 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.</li></ul>		
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.		
<b>Signature—All Applicants Must Sign</b>		
<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. Cat. No. 22851L Form 8850 (Rev. 3-2016)</small>		

# Formularios importantes

## Formulario 9061

Formulario de Características Individuales (ICF) Crédito Tributario por Oportunidad de Trabajo

[Enlace al formulario](#)

 U.S. Department of Labor Employment and Training Administration			OMB Control No. 1205-0371 Expiration Date: March 31, 2023		
1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)		2. 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		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					

# Para más información

## Sitio web de ESD

[esd.wa.gov/WOTC](http://esd.wa.gov/WOTC)

[Enlace al sitio web](#)

**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

**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.

# Para más información

## eServices

secure.esd.wa.gov/  
home

[Enlace al sitio web](#)

The screenshot shows the Employment Security Department (ESD) website for Washington State. The header includes the ESD logo and the text "Employment Security Department WASHINGTON STATE" on the left, and "Español" on the right. The main heading is "Sign in for eServices". Below this is a search bar with the text "Find answers to your questions about eServices accounts at [esd.wa.gov/unemployment/technical-support](#)". A warning section titled "Avoid unemployment scams" states that unemployment benefits are a target for scammers and advises users to go directly to [esd.wa.gov](#) and click the sign-in links. Below the warning are two columns of links: "Individuals" and "Employers". The "Individuals" column lists: 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, and Schedule a required WorkSource appointment. The "Employers" column lists: Pay taxes, Apply for SharedWork, Apply for the Work Opportunity Tax Credit, and Manage your employees' unemployment claims (with sub-links for Send a secure message, View and respond to correspondence, and File an appeal). Below these columns is a "SecureAccess Washington (SAW)" section with a blue header. It contains text about two-step verification, instructions to use the SAW username and password, and a link to "What is SAW?". It also includes instructions for employers and a form with fields for "Username:" and "Password:". Below the form are "Sign in" and "Having trouble signing in?" links. To the right of the form is a "Need an account?" section with a "Create new account" button. Below that is an "Already have a SAW account?" section with a "Create new account" button. At the bottom right, there is a logo for "SAW SecureAccess WASHINGTON" and a note: "We use SecureAccess Washington to protect your personal information".

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?](#)

[Create new account](#)

#### 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

**SAW** SecureAccess WASHINGTON

# Programa de bonos federales

- Fue creado en 1966 por el Departamento de Trabajo de los Estados Unidos (USDOL). El **Programa de bonos federales protege a los empleadores contra los actos de deshonestidad de los empleados**. El bono proporciona una cobertura del 100% y no tiene deducible.
- **Los empleadores reciben los bonos de forma gratuita**. Por cada empleado nuevo se puede recibir un bono de \$5,000 a \$25,000 con un deducible de \$0 que cubre los primeros seis meses de empleo.
- **Los bonos se pueden aplicar a los salarios pagados de cualquier empleado de tiempo completo o parcial** (con los impuestos federales deducidos del pago).
- **Nota:** Las personas que trabajan por cuenta propia no pueden estar cubiertas por bonos de fidelidad.

# Formularios importantes

Formulario de  
certificación de  
bonos del  
**Estado de  
Washington**

[Enlace al formulario](#)

**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](mailto: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 # \_\_\_\_\_



# Para más información

**Sitio web de ESD**  
[esd.wa.gov/bonding](http://esd.wa.gov/bonding)

[Enlace al sitio web](#)

O envíenos un correo electrónico  
[bonds4jobs@esd.wa.gov](mailto:bonds4jobs@esd.wa.gov)

The screenshot shows the ESD website interface. At the top, there is a search bar and navigation links for 'eServices Login' and 'Languages'. A main navigation menu includes 'Home', 'Unemployment', 'Paid Leave', 'Jobs & Training', 'Unemployment Taxes', 'Employer Resources', 'Labor Market Info', and 'Newsroom'. The page title is 'Federal bonding'. The content area is divided into a left sidebar with sections for 'About employees menu', 'FREQUENTLY USED LINKS', 'FORMS', and 'RELATED LINKS', and a main content area. The main content area includes a description of the Federal Bonding Program (FBP), its mission, and instructions on how to apply for bonding. A list of links for more information and contact details are also provided.

**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](mailto: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](mailto:bonds4jobs@esd.wa.gov), for additional information.

# ¿Preguntas? ¿Comentarios?

■ Para más información, vaya a:

- [esd.wa.gov/wotc](http://esd.wa.gov/wotc)
- [esd.wa.gov/bonding](http://esd.wa.gov/bonding)

■ Información de contacto:

**Alice Barney, coordinadora del programa**

Teléfono: (800) 669-9271

Correo electrónico: [alice.barney@esd.wa.gov](mailto:alice.barney@esd.wa.gov)

¡Gracias!

¿Preguntas?





## Recursos para empresas de Washington

¡Obtenga información importante sobre SharedWork y conectar para obtener una ventaja competitiva en la fuerza laboral!

### SharedWork y WorkSource

mié 18 de octubre

2:00 - 3:00 p.m.



# Próximo seminario web

EMPRESA, EMPLEADO  
FAMILIA & COMUNIDAD

# GANANA

*CON*

## SharedWork

[SharedWorkWA.com](http://SharedWorkWA.com)



Employment  
Security  
Department  
WASHINGTON STATE



Gracias por unirte con nosotros hoy