

# Resources for Washington businesses

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



Thursday, May 4  
1:00 p.m. - 2:00 p.m.  
**SharedWork and Work Opportunity  
Tax Credit (WOTC)**

SEATTLE  
**SOUTHSIDE**  
CHAMBER OF COMMERCE





**Employment  
Security  
Department**  
WASHINGTON STATE

# Welcome

# Today's timeline of events



Presented by	Topic			
	<b>Welcome and Overview</b>		<b>Work Opportunity Tax Credit and Federal Bonding</b>	 <b>Live Q &amp; A</b>
	<b>1:00 p.m. – 1:05 p.m.</b>	<b>1:05 p.m. – 1:20 p.m.</b>	<b>1:20– 1:35 p.m.</b>	<b>1:35 – 1:58 p.m.</b>
	Stephen Brediger Plan Specialist ESD/SharedWork	Leigh Rowley Program Coordinator ESD/SharedWork	Malcolm Erickson, Program Coordinator WOTC & Bonding	Stephen, Leigh and Malcolm

For a PDF of the PowerPoint slides and a copy of the webinar recording, visit the [SharedWork events webpage](#).

BUSINESSES, EMPLOYEES  
FAMILIES & COMMUNITIES

# WIN

*with*

## SharedWork

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



Employment  
Security  
Department  
WASHINGTON STATE



**SharedWork - A proven business solution!**

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

# What is it?

SharedWork 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



# Why are you waiting?

## SharedWork usage by county

The table below shows active SharedWork plans in the state of Washington August 2021 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)
Adams	285	-	-
Asotin	229	-	-
Benton	2,255	23	511
Chelan	1,453	21	512
Clallam	925	6	95
Clark	6,011	57	562
Columbia	83	-	-
Cowlitz	1,137	7	442
Douglas	393	3	110
Ferry	86	1	17
Franklin	1,0125	1	2
Garfield	19	-	-
Grant	1,202	11	155
Grays Harbor	844	10	343
Island	841	7	187

County	Businesses eligible for SharedWork in this county (estimated)	Businesses currently participating in SharedWork	Employees participating in SharedWork (enrolled by their employer)
Jefferson	430	6	69
King	34,121	261	5,337
Kitsap	2,653	16	272
Kittitas	617	1	3
Klickitat	305	5	65
Lewis	914	16	374
Lincoln	110	-	-
Mason	509	5	56
Okanogan	624	3	12
Pacific	325	-	-
Pend Oreille	132	1	2
Pierce	8,379	108	3,084
San Juan	471	3	8
Skagit	1,676	17	255
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
<b>Total</b>	<b>103,4117</b>	<b>1,012</b>	<b>24,874</b>

# SharedWork in Washington state

[Watch the SharedWork industry panel "fast play".](#)



## Top 5 reasons employers sign up for the SharedWork program:

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](#)



"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."

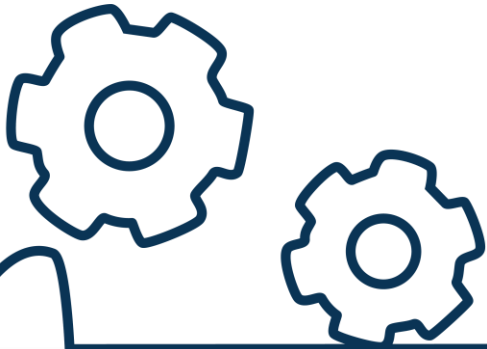
~ Jen Post, owner, [Prestige Escrow](#), Woodinville



"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

# 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.



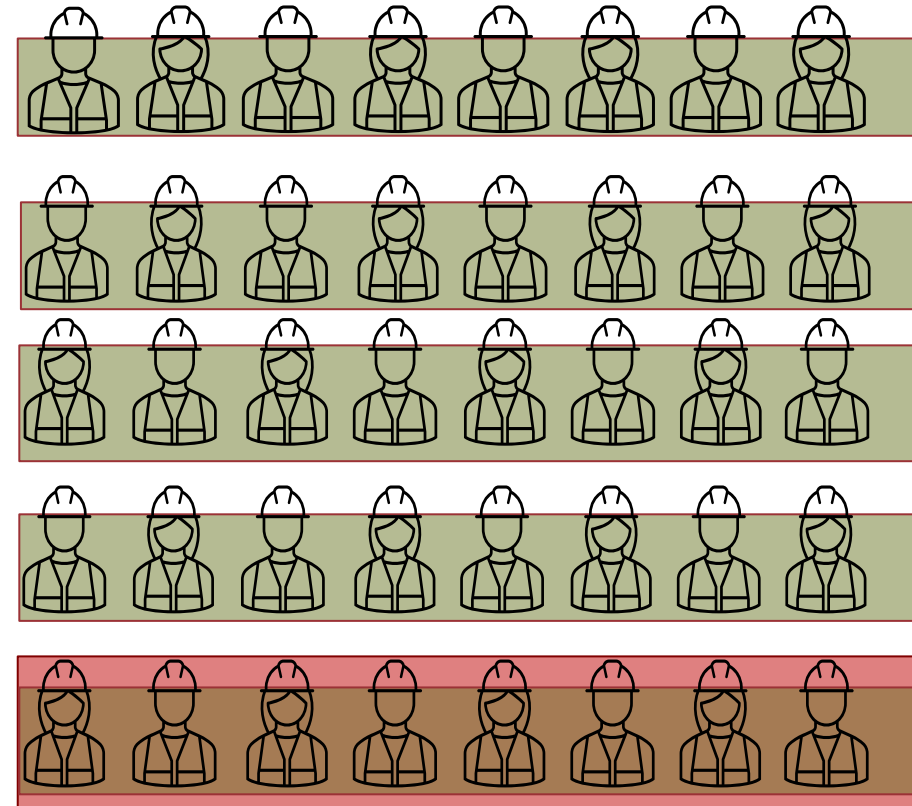
# A temporary workforce reduction example

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



1



2



3



4



5

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 [file weekly claims](#).

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

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 <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	Authorized union representative name	Authorized union representative name	Authorized union representative name
Print: _____	Print: _____	Print: _____	Print: _____
Signature: _____	Signature: _____	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

# SharedWork Participant List

Company name:

Location:

ESD number:

Date: mm/dd/yyyy

**DO NOT CHANGE COLUMN/CELL FORMAT**

[illegible]



# 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 -

 **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](https://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](https://esd.wa.gov) and click the sign-in links.  
Protect yourself by checking out [esd.wa.gov/unemployment/unemployment-scams](https://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](mailto: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](https://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. | [SharedWork Q&A for businesses webinar](#)**.
- Download the [SharedWork info card](#).

BUSINESSES, EMPLOYEES  
FAMILIES & COMMUNITIES

# WIN

*with*

## SharedWork

SharedWorkWA.com



Employment  
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WASHINGTON STATE

Call now while the  
wait time is minimal.



# Thank you.

**SharedWork Program Support**

800-752-2500 option 3, 8am to 4pm, Monday through Friday

[sharedworkplansect@esd.wa.gov](mailto:sharedworkplansect@esd.wa.gov) | [SharedWorkWA.com](http://SharedWorkWA.com)

# Work Opportunity Tax Credit

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## 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

<b>Veteran target group</b>	<b>Worked at least 120 hours but less than 400 hours</b>	<b>Worked at least 400 hours</b>
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](#)

<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. 1545-1000</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) _____		
<b>1</b> <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.		
<b>2</b> <input type="checkbox"/> Check here if <b>any</b> 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 <b>not</b> 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>		
<b>3</b> <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.		
<b>4</b> <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.		
<b>5</b> <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.		
<b>6</b> <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>		
<b>7</b> <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.</small> <small>Cat. No. 22851L</small> <small>Form <b>8850</b> (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)
<b>APPLICANT INFORMATION</b> (See instructions on reverse)		
<b>EMPLOYER INFORMATION</b>		
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
<b>APPLICANT INFORMATION</b>		
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: _____
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>		
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		

1

# For more information

## ESD's website

esd.wa.gov/WOTC

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

The screenshot shows the Employment Security Department (ESD) website for Washington State. The header includes the ESD logo, a search bar, and links for eServices Login and Languages. The main navigation bar lists various services: Home, Unemployment, Paid Leave, Jobs & Training, Unemployment Taxes, Employer Resources, Labor Market Info, and Newsroom. The page is in English, with a link to Spanish. The left sidebar contains an 'About employees menu' with links to frequently used links, forms, related links, and contact information. The main content area features an 'ALERT' section about changes effective July 1, 2021, regarding the WOTC. Below the alert is a detailed section for the 'Work Opportunity Tax Credit (WOTC)', explaining its purpose, eligibility criteria, and application process. The WOTC section includes a paragraph about the tax incentive, a list of eligible employees, and a list of ineligible employees. It also provides links to a fact sheet and the U.S. Department of Labor website for more information. At the bottom, there is a 'To apply online' section with instructions on how to apply and a note about the submission deadline.

**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.




# 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](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 # \_\_\_\_\_

# For more information

## ESD's website

[esd.wa.gov/bonding](https://esd.wa.gov/bonding)

[Link to site](#)

## Or email us

[bonds4jobs@esd.wa.gov](mailto: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 in English, with a link to Spanish. The main content area is titled "Federal bonding" and explains the Federal Bonding Program (FBP). It states that FBP protects employers against employee fraud and dishonesty and provides bonds free-of-charge as an incentive to hire. 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. The "TO APPLY:" section instructs users to 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). The "FOR MORE INFORMATION:" section lists three bullet points: Read the Federal Bonding Program informational brochure for Employers and Job Seekers, Visit the Federal Bonding Program website, and See Employment Security's Federal Bonding fact sheet. The "CONTACT:" section provides the phone number 800-669-9271 or email [bonds4jobs@esd.wa.gov](mailto:bonds4jobs@esd.wa.gov) for additional information. On the left side of the page, there are sections for "About employees menu", "FREQUENTLY USED LINKS" (including SharedWork Program, Work Opportunity Tax Credit (WOTC), The H-2A Program, Business layoff assistance, YesVets, and Employer and collections FAQ), "FORMS" (including 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), and Paid Family and Medical Leave employer forms), and "RELATED LINKS" (including Labor market info, Washington State Small-Business Guide, and Steps to open a secure email from ESD).

**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:**  
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**FOR MORE INFORMATION:**

- Read the [Federal Bonding Program informational brochure](#) for Employers and Job Seekers
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**CONTACT:**  
Call 800-669-9271 or email [bonds4jobs@esd.wa.gov](mailto:bonds4jobs@esd.wa.gov), for additional information.

# Questions? Comments?

■ For more information, go to:

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

■ Contact information:

**Alice Barney, State Coordinator**

Phone: (800) 669-9271

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

WOTC Unit email: [ESDGPWOTC@esd.wa.gov](mailto:ESDGPWOTC@esd.wa.gov)

Bonding email: [BONDS4JOBS@esd.wa.gov](mailto:BONDS4JOBS@esd.wa.gov)



# Q&A



# Resources for Washington businesses

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



Thursday, June 1  
1:00 p.m. - 2:00 p.m.  
**SharedWork and Paid Family and  
Medical Leave**

SEATTLE  
**SOUTHSIDE**  
CHAMBER OF COMMERCE

 **Employment  
Security  
Department**  
WASHINGTON STATE

Next webinar



BUSINESSES, EMPLOYEES  
FAMILIES & COMMUNITIES

**WIN**

*with*

**SharedWork**

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



Employment  
Security  
Department  
WASHINGTON STATE



Thank you for joining us today