



New York State Department of Labor Unemployment Insurance Division

Shared Work Continued Claim

Waiting Week Certification

(Instructions on Reverse)

Social Security Number

Grid for Social Security Number

Claimant Name (Please Print) _____

If your name has changed since you last certified, please print your previous name _____

Part A – Employee Statement

Waiting Week (Sunday Week Ending Date)

Enter the date and answer the questions for the waiting week claimed: _____

1. Did you work more than 32 hours in the week for your Shared Work Employer? _____

Yes No

If "yes," how many hours did you work? _____

2. If your employer wanted you to work during the hours scheduled off because of the Shared Work Plan, was there any reason you could not have accepted that work? _____

Yes No

If "yes," explain and give the dates you could not have accepted the work: _____

3. Did you work for anyone other than your Shared Work employer on any day in the week?(This includes self-employment) _____

Yes No

If "yes," complete "a" through "d":

a. Name and address of employer? _____

b. On what date(s) did you work for this employer? _____

c. Were your gross earnings (excluding self-employment) for this employment more than \$405 for the week?

Yes No

d. Are you still working for this employer? _____

Yes No

If "no," why are you no longer working for this employer? _____

4. What was the last date you performed work for any employer during each week? _____

Claimant Certification: I claim Shared Work benefits under the New York State Unemployment Insurance Law. I certify that the above statements are true and complete, that I was partially unemployed, able to work, available for work with my Shared Work employer and that my loss of wages was due to no fault of mine. I have not claimed unemployment benefits under any other State or Federal system for this period nor will I receive any other payment (i.e., Sub Pay) to compensate me for this period. I realize the Law prescribes penalties for false statements.

Signature _____ Date _____

Address: (Complete only if changed) _____

Part B – Employer Statement

For the weeks claimed:

1. Percent full-time hours and wages were reduced due to Work Sharing _____ % (Note: Vacation, holiday and sick pay are considered "employment" for the purpose of calculating the percent reduction. See reverse side for details.)

2. Were the employee's wages based on piece-work? _____

Yes No

3. Was the employee absent from work the entire week? _____

Yes No

4. Did the employee refuse any work you made available to him/her? _____ If "yes," give dates and number of hours work was available.

Yes No

5. Do you protest the payment of work sharing benefits to this employee? _____ If "yes," please explain. _____

Yes No

I certify that the above information concerning the status of this company and the status/earnings of this employee for the purpose of participating in the Shared Work Program is true and correct to the best of my knowledge.

Employer Account No. grid

Employer Account No.

Name of Employer

Employer Signature

Locator Code (if any) grid

Locator Code (if any)

Date

Employer Telephone Number

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Instructions to employee -- Part A

- Explanation:** This form is used to Claim Shared Work benefits during a week(s) in which your normal full-time hours of work have been reduced according to a Shared Work plan agreed to by your employer.
- Procedure:** Complete Part A, "Employee Statement" on the other side of this form. New York unemployment benefit weeks run from Monday through Sunday. Be sure to show the Sunday week ending date(s) for the week(s) you wish to claim in the space provided at the top of the form.
- If your name has changed, print your correct name and your previous name in the space provided at the top of the form.
- If you have changed your address, print your new address in the space provided below your signature. Be sure to include your Zip Code.
- Return this form to your employer who will complete Part B and send it to the Unemployment Insurance Division for Processing.

Instructions to employer -- Part B

- Explanation:** The purpose of this form is to confirm the status of employees which you have listed in your Shared Work plan.
- Question 1:** The percent reduction is calculated by dividing the number of hours for which the employee was not paid due to work sharing by the number of hours normally worked in a week (the normal work week cannot be less than 35 hours or exceed 40 hours.)
- Shared Work benefits are not paid for any time for which the employee is paid by the employer. That is, all time for which the employee receives compensation from the employer is considered "employment" for the purpose of calculating the percent reduction. This includes vacation, holiday and sick pay as well as payment for services performed.
- Example: Employee's normal schedule is 40 hours a week, 8 hours a day. Employer is shut down on Friday due to Shared Work.
- Employee works Monday through Thursday: this is a 20% reduction.
 - Employee works Monday through Wednesday, gets paid sick leave for Thursday, is off Friday: this is a 20% reduction.
 - Employee works Monday through Thursday and gets holiday pay for Friday. This is a 0% reduction.
- Procedure:** Give one form to each employee covered by your Shared Work Plan on the Monday following the latest Sunday week ending date on the reverse of the form or as soon as possible thereafter if the employee is not working on Monday. This will be the second Monday after the date of your Shared Work Plan becomes effective and every other Monday thereafter.
- After the employee completes Part A and returns the form to you, complete Part B, "Employer Statement," and send it to the N.Y.S. Department of Labor, Unemployment Insurance Division, Attention - Shared Work, PO Box 621, Albany, N.Y. 12201-0621 within seven (7) days of the latest week ending date shown on Part A.
- Mail the forms for all of the employees together in one envelope, if possible.
- If the employee completed Part A and wishes to claim the week, submit the form for our review and determination even though you protest payment. Include a statement explaining why you protest the payment.

Important

Review the completed form to be sure that it is correct. Any errors or omissions will cause a delay in payment of benefits.