

A GUIDE TO UNEMPLOYMENT INSURANCE BENEFITS FOR WORK SHARING PARTICIPANTS



This booklet is issued by the California Employment Development Department (EDD). It contains general information about your rights, responsibilities, and benefits under the California Unemployment Insurance laws. The information is not intended to cover all provisions of the law. For specific information regarding your claim, contact the Special Claims Office at 1-916-464-3300.

TABLE OF CONTENTS

| | |
|---|----|
| Introduction | 1 |
| Address – Special Claims Office | 1 |
| Work Sharing Unemployment Insurance | 2 |
| <i>Notice of Unemployment Insurance Award, DE 429Z</i> | 3 |
| Questions and Answers (Q&A) about the Work Sharing Program | 3 |
| Completion Instructions – <i>Initial Claim and Payment Certification, DE 4511WS</i> | 6 |
| Facsimile – <i>Initial Claim and Payment Certification, DE 4511WS</i> | 10 |
| Completion Instructions - <i>Work Sharing Certification, DE 4581WS</i> | 14 |
| Facsimile - <i>Work Sharing Certification, DE 4581WS</i> | 16 |
| Eligibility | 18 |

Read this information completely and carefully.

Failure to follow the instructions in this handbook or to file claim forms as directed may result in delay or loss of your Work Sharing Unemployment Insurance benefits.

Do not rely on advice from friends or relatives. If you do not understand something or have a problem with your claim, contact the Special Claims Office.

Save this handbook for future reference.

You can visit the Employment Development Department (EDD) website at www.edd.ca.gov for more information, including frequently asked questions.

This booklet, *A Guide to Unemployment Insurance Benefits for Work Sharing Participants*, DE 1275WS, will provide you with information about California's Work Sharing Unemployment Insurance (UI) program. It is available online at www.edd.ca.gov and contains the following information:

- General information about the Work Sharing program.
- Questions and answers about the Work Sharing program.
- Eligibility requirements.
- Completion instructions for Work Sharing forms.
- Samples of Work Sharing forms.

The DE 1275WS contains information that is specific to the Work Sharing program. For information about regular Unemployment Insurance, *A Guide to Benefits and Employment Services*, DE 1275A, can be found at www.edd.ca.gov. The DE 1275A will provide you with information on the following subjects:

- Basic claim information
- Canceling your claim
- Waiting period
- How EDD computes your benefits
- Base period
- Lag period
- Appeals
- Verification of Right to Work

The subjects contained in the DE 1275A that are listed above apply to Work Sharing participants. For instance:

- A waiting period is required for every Unemployment Insurance claim filed, including claims for Work Sharing benefits.
- An Unemployment Insurance claim is canceled using the same procedures, regardless of whether or not you are a Work Sharing participant.

After your Unemployment Insurance claim has been filed, a *Notice of Unemployment Insurance Award*, DE 429Z, will be sent along with the *Unemployment Insurance Benefits: What You Need to Know*, DE 1275B. These notices are specific to regular Unemployment Insurance claims. You will want to retain this information for your records.

Read all information carefully and save for future reference. If the provided information does not answer your question or if you need help, contact the Department at the number listed below.

Employment Development Department Special Claims Office
PO Box 419076
Rancho Cordova, CA 95741-9076
916-464-3300

WORK SHARING UNEMPLOYMENT INSURANCE

The Work Sharing program helps employers and employees avoid layoffs during temporary business slowdowns. To do this, your employer will reduce your weekly hours worked and wages earned by at least 10 percent, not to exceed 60 percent without decreasing your pay rate. Work Sharing benefits are paid according to the percentage of reduction in hours and wages. For example:

Your Work Sharing employer has reduced your normal work week from 40 hours to 32 hours. You are paid an hourly rate of \$10 per hour. Your normal weekly wage has been reduced from \$400 to \$320 due to Work Sharing. This is a 20 percent reduction in your hours worked and weekly wages earned.

Because your hours worked are reduced by 20 percent, your wages earned are also reduced by 20 percent. Your hourly rate of \$10 per hour remains the same.

Your employer decides which employees will participate in Work Sharing and which week(s) will have hour and wage reductions.

When your employer's Work Sharing plan was approved, a "packet" for each participating employee was mailed to your employer from the Employment Development Department (EDD). When your employer reduces the normal hours of work for a week, your employer will issue a packet to each employee who has been selected to participate in Work Sharing. Each packet contains all the documents necessary to file an Unemployment Insurance claim. In addition to the DE 1275WS, the packet contains the following:

Initial Claim and Payment Certification, DE 4511WS

Your employer will complete Section A and issue the *Initial Claim and Payment Certification, DE 4511WS*, to you for completion of Sections B and C. Do not complete Sections B and C before your employer has completed Section A.

Two envelopes pre-addressed to the Special Claims Office

These envelopes are provided as a courtesy for mailing your next two *Work Sharing Certifications, DE 4581WS*. After you use the pre-addressed envelopes it is your responsibility to mail your Work Sharing Certifications timely to the Special Claims Office using the correct address.

You can find the correct address for the Special Claims Office:

- On page 1 of the *Initial Claim and Payment Certification, DE 4511WS*
- On page 2 of the *Work Sharing Certification, DE 4581WS*, and
- At the bottom of page 1 in this booklet.

NOTICE OF UNEMPLOYMENT INSURANCE AWARD, DE 429Z

After your claim is filed, a *Notice of Unemployment Insurance Award, DE 429Z*, will be mailed to you. Review the notice carefully. For more information about the DE 429Z, visit the Forms and Publications page at www.edd.ca.gov.

The notice includes your weekly and maximum benefit amounts payable from this claim. The weekly benefit amount is the *full weekly amount* that is payable if you become *totally* unemployed. Work Sharing benefits will be paid based on the percentage of your weekly hour and wage reductions. For example:

- If your full weekly benefit amount is \$230 and your weekly hour and wage deductions are 10 percent.
- You will receive 10 percent (hour and wage reductions are 10 percent) of \$230 or \$23 for the week.

If any of the information contained on the DE 429Z is incorrect, contact the Special Claims Office as soon as possible since the benefit amounts on your claim may be incorrect.

QUESTIONS AND ANSWERS (Q&A) ABOUT THE WORK SHARING PROGRAM

Q: Who pays for Work Sharing benefits?

A: Work Sharing Unemployment Insurance is an insurance program paid for by your employer(s). **Nothing** is deducted from your wages to pay for these benefits.

Q: How can I find out how much Work Sharing benefits I will be paid?

A: After your Unemployment Insurance claim is filed, you will be mailed a DE 429Z. The notice will show your weekly benefit amount. You will be paid a percentage of that amount depending on your hour and wage reductions each week.

For example:

If your weekly benefit amount is \$230 and your Work Sharing hour and wage reduction are 10 percent, you would be paid 10 percent of \$230, or \$23. If your weekly benefit amount is \$150 and your Work Sharing hour and wage reductions are 30 percent, you would be paid 30 percent of \$150, or \$45.

Q: Can I cancel my claim?

A: You have an option of canceling a Work Sharing California UI claim after you have been mailed your DE 429Z. You can only cancel a UI claim if no benefits have been paid, no notice of disqualification has been mailed to you, and/or no overpayment has been established on the claim. If a claim is canceled, that claim cannot be reopened, but you can file a new claim with a later date. If the original claim is not canceled, another California claim cannot be filed for 52 weeks. If you have questions regarding claim cancellation or want to cancel your claim, contact the EDD.

IMPORTANT: ONCE A CLAIM HAS BEEN CANCELED, IT CANNOT BE REESTABLISHED WITH THE SAME BEGINNING DATE.

Q: Can federal taxes be withheld from my Work Sharing benefits?

A: If you want federal income tax withheld for the weeks shown on your claim form, fill in the answer block on that claim form. If you do not want taxes withheld, leave the answer block blank. This option is strictly voluntary; you are not required to have taxes withheld from your benefits.

Q: Are Work Sharing participants required to serve a one-week waiting period?

A: Yes, California law requires every person to serve a one-week, **UNPAID** waiting period. There is only one waiting period required during each 52-week claim year. The waiting week is usually the first otherwise payable week in your benefit year (otherwise payable means you would have been eligible for payment in every way but for the waiting period requirement).

Q: If I'm laid off from my job, can I still use my Work Sharing claim?

A: If you are laid off for more than three consecutive weeks, the Special Claims Office will mail instructions and information to you regarding your benefits. Your claim is effective for one year and can be used while participating in Work Sharing or for total or partial Unemployment Insurance benefits. While receiving total or partial Unemployment Insurance benefits, regular Unemployment Insurance rules (NOT Work Sharing) will be applied to your claim. Refer to the DE 1275A and DE 1275B.

Q: Who is responsible for mailing Work Sharing certifications to the Special Claims Office?

A: You are responsible for mailing Work Sharing certifications to the Special Claims Office. However, some employers mail completed certifications to the Special Claims Office for their employees. Regardless of who mails the certifications, they must be postmarked within 14 calendar days of the date issued to you by your employer.

Q: When does my employer give me Work Sharing certifications?

A: Your employer will issue Work Sharing certifications to you after the week with hour and wage reductions has ended. Certifications must be issued to you within 14 calendar days after the Work Sharing week has ended.

Q: Who should I call to find out if a payment has been issued?

A: Allow 10 days before contacting EDD regarding your payment. If 10 days have passed and you have not received your payment, you can call the EDD automated self-service line at 1-866-333-4606. If the automated self-service line advises that your payment has not been issued, contact the Special Claims office at 916-464-3300.

Q: What should I do if my debit card is lost or stolen?

A: Contact Bank of America at 1-866-692-9374 immediately.

Q: Are my Work Sharing benefits affected if I miss work?

A: Your benefits may be affected if you miss work and your absence is not approved or if you are not available for all work offered by your Work Sharing employer.

Q: Can I work part-time for an employer other than my Work Sharing employer?

A: Yes, however any earnings from an employer other than your Work Sharing employer will be deducted dollar for dollar from your Work Sharing benefits. Complete your certification forms carefully and include your gross earnings from an employer, other than your Work Sharing employer. If earnings from an employer, other than your Work Sharing employer are not included, you may be charged for an overpayment and assessed penalties. The EDD has a fraud detection system. If you do not report all earnings for a week that you worked, and you received benefits, you will be investigated. If the EDD determines that you were at fault for not reporting your earnings, you will be required to repay any benefits overpaid and you could face administrative and/or **criminal penalties** and interest.

Q: What can I do if I am denied Work Sharing benefits?

A: You may appeal any written EDD decision. You must file your appeal in writing and you must state the reasons why you disagree with the decision. You may file an appeal by mail by sending a completed Employment Development Department *Appeal Form*, DE 1000M, or a letter to the address on your *Notice of Determination*. A letter of appeal must include your name, Social Security number, and the reasons why you disagree with the decision.

You have 30 calendar days from the date of the decision to file a timely appeal. You can still appeal even if you miss the 30-day deadline. You must state why your appeal is filed late. At the appeal, you will be required to show good cause for delay in filing an appeal. If you do not show good cause for any delay beyond 30 days, the administrative law judge may dismiss your appeal.

The Office of Appeals will notify you of the date, time, and place of your hearing. An administrative law judge conducts your hearing. You have the right to review all records affecting the appeal before your hearing begins. Everyone testifies under oath. All testimony is recorded and is subject to cross-examination. The administrative law judge will mail a decision. **If you live in another state, the appeal hearing will be handled by phone. You do not have to travel to California to attend the appeal hearing.**

If you disagree with the decision of the administrative law judge, you may appeal to the California Unemployment Insurance Appeals Board.

Note: If you are appealing a disqualification you must continue to certify for benefits while your appeal is pending. You must mail the paper *Work Sharing Certification*, DE 4581WS. If the administrative law judge decides you are eligible, you will only be paid for the weeks for which you certified and met all other eligibility requirements.

COMPLETION INSTRUCTIONS – INITIAL CLAIM AND PAYMENT CERTIFICATION, DE 4511WS

The *Initial Claim and Payment Certification*, DE 4511WS, is available in English and Spanish. You must complete and mail the certification to the Special Claims Office within 14 calendar days from the date your Work Sharing employer issued the form to you. If your Work Sharing employer chooses to mail the certification to the EDD for you, the employer must also mail the forms timely.

Follow the instructions below when completing Sections B and C on the *Initial Claim and Payment Certification*, DE 4511WS. (Your last name, first name, Social Security number and Section A must be completed by your employer before you begin completing Sections B and C). If you have any questions regarding the completion of Sections B or C, contact the Special Claims Office immediately.

INITIAL CLAIM AND PAYMENT CERTIFICATION, DE 4511WS - SECTION B (CLAIMANT'S CERTIFICATION)

Question 1. – Did you work for anyone other than your Work Sharing employer? (This includes self-employment.)

Check either the “Yes” or “No” box to indicate if you worked for anyone other than your Work Sharing employer, including any self-employment.

Example: You worked 7 a.m. to 12 noon for your Work Sharing employer. You also worked 2 p.m. to 5 p.m. for another employer. The correct entry for this example is “Yes.”

Example: You worked the hours available from your Work Sharing employer. You also are a door to door sales person in your spare time. The correct entry for this example is “Yes.”

Question 1.a. – If Yes, enter the employer’s name, address, and last date worked during this week.

If “Yes” is checked in Question 1, enter the name, address, and last date worked during the week for your *secondary employer. If you are self-employed in addition to working for your Work Sharing employer, enter “Self-Employed” on the line for the secondary employer’s name.

*When you are participating in the Work Sharing plan of the employer and have an additional job with another employer, the employer providing the additional job is considered the *secondary employer*.

Question 1.b. – Enter your earnings, before deductions, from self-employment or other employment, whether you were paid or not.

Include your gross earnings, before deductions, from your secondary employer, self-employment or jury duty *whether you were paid or not*. Report the gross earnings based on the beginning and week ending date of the form, not based on the pay period of the secondary employer.

Question 1.c. – Are you continuing to work for this employer?

Check either the “Yes” or “No” box to indicate if you are continuing to work for the secondary employer, or if you are still involved in self-employment or jury duty. If no, state the reason the job ended.

**INITIAL CLAIM AND PAYMENT CERTIFICATION, DE 4511WS - SECTION B
(CLAIMANT'S CERTIFICATION)**

Question 2. – If you want federal income tax withheld for the week shown in Section A, mark this box.

If you mark this box, the amount withheld will be 15 percent of the Work Sharing benefit amount payable for that week, but will not be deducted until all required benefit reductions and overpayment offsets are taken. For example:

| | |
|--|---------|
| Work Sharing amount payable: | \$40.00 |
| Fifteen percent of the payable amount: | \$6.00 |
| You are paid: | \$34.00 |

If you do not mark the box, no portion of the benefits will be withheld for federal income tax. Whatever you decide, your choice remains in effect only until you send in your next certification form.

***Read the certification information carefully. Sign and date the certification.
(The signature must be original; no photocopied signatures will be accepted.)***

**INITIAL CLAIM AND PAYMENT CERTIFICATION, DE 4511WS - SECTION C
(CLAIMANT'S INFORMATION)**

Enter last name, first name, middle initial, birth date, and gender.

Question 1. – Is the name used on this form the same as the one that appears on your Social Security card? Answer yes or no.

If no, enter the name that appears on your Social Security card (last, first, middle initial).

Question 1.a. – List other names and/or Social Security numbers you have used.

Question 2. – Provide your mailing address, unit/apt, city, ZIP Code, and phone number.

Question 2.a. – Is your residence address the same as your mailing address? Answer yes or no.

If No, enter your residence address. (Include your city, state, ZIP code, and apartment number.)

NOTE: A Post Office Box is not a residence address.

Question 3. – Have you filed a claim in the past two years for Unemployment Insurance or Disability Insurance against the State of California? Answer yes or no.

If yes, list the type of claim and date(s) when the claim(s) were filed.

Question 4. – In the last 18 months, did you work for an agency of the federal government or serve in the military? Answer yes or no.

Question 5. – Did you work in a state other than California during the last 18 months? Answer yes or no. If yes, provide the state(s).

Question 6. – Have you applied for Unemployment Insurance benefits in another state during the last 12 months? Answer yes or no.

Question 7. – Do you have a driver license or ID card? Answer yes or no. If yes, provide the name of the issuing state and your driver license or ID card number.

**INITIAL CLAIM AND PAYMENT CERTIFICATION, DE 4511WS - SECTION C
(CLAIMANT'S CERTIFICATION)**

Question 8. – Are you a U. S. citizen or national? Answer yes or no.

If no, answer the following questions:

- a. Are you registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States? Answer yes or no.
- b. What is the title of your USCIS document? Check the appropriate box.
- c. Provide your Alien Registration **OR** authorization number on your document.
- d. Provide the expiration date of your work authorization.
- e. Were you legally entitled to work in the United States for the last 19 months? Answer yes or no.

Question 9. – Are you receiving, or will you receive within in the next year, a pension other than Social Security or Railroad Retirement, which is based on your own work or wages? Answer yes or no.

- a. If yes, provide information on who pays the pension payment to you.
- b. How are you receiving your pension payments? Answer monthly, annually or lump sum.
- c. Did you pay into your pension or retirement? Answer yes, no, or unsure.
- d. Did any of the employers you worked for in the last 18 months pay into the pension fund? Answer yes, no, or unsure. If yes, provide the name of the company paying into the pension.

Question 10. – List the employers you have worked for in the last 18 months, starting with your most recent to your earliest.

List any additional employers on a separate sheet of paper. Be sure to include all the same information requested in this question.

(**Note:** How Paid; please specify, hourly, daily, weekly, monthly, commission or at a piece rate.)

Question 11. – Provide information as to which employer you worked for the longest.

- a. Provide the type of business that was operated by this employer. (Please be specific. For example, restaurant, dry-cleaning, construction, bookstore, etc.)
- b. Provide the type of work you did for this employer. (Please be specific, cashier, laborer, plumber, etc.)
- c. Provide how many years and/or months you worked for this employer.

Question 12. – Are you now, or have you been in the last 18 months an officer of a corporation or the sole or major stockholder of a corporation? Answer yes or no.

Question 13. – Are you receiving or expect to receive workers’ compensation? Answer yes or no.

If yes, provide the insurance carrier and if possible, the case number.

Question 14. – Select your preferred language for written material. Select English or Spanish.

Question 15. – Select your preferred spoken language. Select English, Spanish, or other. If you select other, provide the language you prefer.

Optional Questions

Question 16. – Select the race or ethnic group with which you identify. Check the appropriate box or choose not to answer.

Question 17. – Do you have a disability? Check yes, no, or choose not to answer. (A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)

Read the certification information carefully. Sign and date the certification. (The signature must be original; no photocopied signatures will be accepted.)

Mail the completed *Initial Claim and Payment Certification*, DE 4511WS, to the Special Claims Office within 14 working days (employer’s working days) from the date issued to you by your employer. Refer to page 1 for the mailing address of the Special Claims Office.

Important:

- Review your certification form before mailing. Did you answer all questions? Did you sign the form?
- After you have used the two envelopes provided to you in your packet, you are responsible for providing your own envelope. In addition, ensure that the envelope is addressed correctly to the Special Claims Office.
- Place the correct postage and your return address on the envelope.
- Allow 10 days from the date you mail your certification form for your payment to arrive.
- Contact the Specials Claims Office if you have any questions.



INITIAL CLAIM AND PAYMENT CERTIFICATION

WORK SHARING (WS) EMPLOYER

- Please complete Section A - Employer's Information and Certification for the employee participating in the Work Sharing Plan. An original signature is required.
- Instructions for completion of this form are contained in the *Guide for Work Sharing Employers, DE 8684*.
- This form must be issued to the employee for the FIRST work sharing week within **14** calendar days after the **Week Ending** date shown below.

WORK SHARING (WS) CLAIMANT

- Please complete Section B - Claimant Certification and Section C - Claimant Information of this form. If you have questions regarding the completion of this form, call the Special Claims Office at 916-464-3300.
- Print your responses to Section C. Review your form before mailing it to avoid delays.
- This form must be mailed to the Special Claims Office, P.O. Box 419076, Rancho Cordova, CA 95741-9076 within **14** calendar days from the date your employer issued it.

SECTION A - EMPLOYER'S INFORMATION AND CERTIFICATION

| LAST NAME: | FIRST NAME: | SOCIAL SECURITY NUMBER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|----------------------------|---------------------|---------------------------|------------------|--|---------------------------|--|-------------------------------|--|--------------------|--|---------------------------|--|------|-------|------|-------|------|-------|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|----------------------------|--------|--------------------------|-------------------------|----------------------------|------------------------------|--------------------------|
| <p>EMPLOYER'S CERTIFICATION FOR THE WEEK ENDING: ___ / ___ / ___</p> <p>Note: If your payroll period is other than weekly, you must report the percentage of reduced hours and wages on a CALENDAR WEEK beginning Sunday and ending Saturday.</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;">Normal Weekly Wages</td> <td style="width:10%; border:1px solid black; text-align:center;"> </td> <td style="width:25%;">TOTAL Wages Paid</td> <td style="width:10%; border:1px solid black; text-align:center;"> </td> <td style="width:20%;">% of Wages Reduced for WS</td> <td style="width:10%; border:1px solid black; text-align:center;"> </td> </tr> <tr> <td>Normal Hours of Work Per Week</td> <td style="border:1px solid black; text-align:center;"> </td> <td>TOTAL Hours Worked</td> <td style="border:1px solid black; text-align:center;"> </td> <td>% of Hours Reduced for WS</td> <td style="border:1px solid black; text-align:center;"> </td> </tr> </table> <p>1. Was the employee absent from work for reasons other than Work Sharing, including a holiday, jury duty, illness, personal leave, or vacation during this week? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> a. If yes, was the absence approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> b. Enter the date(s) and reason: ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___</p> <p>_____</p> <p>2. Did the employee refuse any work you made available during hours scheduled off due to your Work Sharing Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Enter the date(s) and hour(s) used for Work Sharing reductions during this week:</p> <table style="width:100%; border:none;"> <thead> <tr> <th style="text-align:center;">Date</th> <th style="text-align:center;">Hours</th> <th style="text-align:center;">Date</th> <th style="text-align:center;">Hours</th> <th style="text-align:center;">Date</th> <th style="text-align:center;">Hours</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">___ / ___ / ___</td> <td style="border:1px solid black; text-align:center;"> </td> <td style="text-align:center;">___ / ___ / ___</td> <td style="border:1px solid black; text-align:center;"> </td> <td style="text-align:center;">___ / ___ / ___</td> <td style="border:1px solid black; text-align:center;"> </td> </tr> <tr> <td style="text-align:center;">___ / ___ / ___</td> <td style="border:1px solid black; text-align:center;"> </td> <td style="text-align:center;">___ / ___ / ___</td> <td style="border:1px solid black; text-align:center;"> </td> <td style="text-align:center;">___ / ___ / ___</td> <td style="border:1px solid black; text-align:center;"> </td> </tr> </tbody> </table> <p>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 Work Sharing program is true and correct. At least two employees, and not less than 10 percent, of the regular permanent work force, involved in the affected work unit(s), participated in the Work Sharing program, or in at least one week of a two consecutive week period. This company will maintain employees' health and retirement benefits under the same terms and conditions as prior to the reduction in hours and wages or to the same extent as other employees not participating in the Work Sharing plan pursuant to the California Unemployment Insurance Code Section, 1279.5(c)(4)(A).</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:40%;">BUSINESS NAME AND ADDRESS:</td> <td style="width:20%;">TITLE:</td> <td style="width:40%;">DATE ISSUED TO EMPLOYEE:</td> </tr> <tr> <td>PRINTED NAME OF SIGNEE:</td> <td>EMPLOYER TELEPHONE NUMBER:</td> </tr> <tr> <td>EMPLOYER ORIGINAL SIGNATURE:</td> <td>EMPLOYER ACCOUNT NUMBER:</td> </tr> </table> | | | Normal Weekly Wages | | TOTAL Wages Paid | | % of Wages Reduced for WS | | Normal Hours of Work Per Week | | TOTAL Hours Worked | | % of Hours Reduced for WS | | Date | Hours | Date | Hours | Date | Hours | ___ / ___ / ___ | | ___ / ___ / ___ | | ___ / ___ / ___ | | ___ / ___ / ___ | | ___ / ___ / ___ | | ___ / ___ / ___ | | BUSINESS NAME AND ADDRESS: | TITLE: | DATE ISSUED TO EMPLOYEE: | PRINTED NAME OF SIGNEE: | EMPLOYER TELEPHONE NUMBER: | EMPLOYER ORIGINAL SIGNATURE: | EMPLOYER ACCOUNT NUMBER: |
| Normal Weekly Wages | | TOTAL Wages Paid | | % of Wages Reduced for WS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal Hours of Work Per Week | | TOTAL Hours Worked | | % of Hours Reduced for WS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Hours | Date | Hours | Date | Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ / ___ / ___ | | ___ / ___ / ___ | | ___ / ___ / ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ / ___ / ___ | | ___ / ___ / ___ | | ___ / ___ / ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUSINESS NAME AND ADDRESS: | TITLE: | DATE ISSUED TO EMPLOYEE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRINTED NAME OF SIGNEE: | EMPLOYER TELEPHONE NUMBER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EMPLOYER ORIGINAL SIGNATURE: | EMPLOYER ACCOUNT NUMBER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION B - CLAIMANT'S CERTIFICATION: Please answer the questions below regarding the Week Ending that was provided by your employer in Section A to determine payment for the week.

| | |
|---|--------------------|
| 1. Did you work for anyone other than your Work Sharing employer? (This includes self-employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. If yes, enter the employer's name, address, and last date worked during this week: Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Last Date Worked: ____/____/____ | |
| b. Enter your earnings, before deductions, from self-employment or other employment, whether you were paid or not: \$ _____ | |
| c. Are you continuing to work for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state the reason: _____ _____ | |
| 2. If you want federal income tax withheld for the week shown in Section A mark this box: <input type="checkbox"/> | |
| The information provided above is true and correct to the best of my knowledge and belief. I understand the law provides for a fine and/or imprisonment for making false statements or withholding facts to fraudulently receive Unemployment Insurance benefits. | |
| Claimant Signature: _____ | Date Signed: _____ |

SECTION C - CLAIMANT INFORMATION: Provide this information to file this claim.

| | | | | |
|--|-------------|------|-----------------------------|---|
| LAST NAME: | FIRST NAME: | M.I. | BIRTH DATE: _____/____/____ | GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 1. Is the name used on this form the same as the one that appears on your Social Security card? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter the name that appears on your Social Security card. Last: _____ First: _____ M.I.: _____ | | | | |
| a. List other names and/or Social Security numbers you have used: _____ _____ | | | | |
| 2. MAILING ADDRESS: _____ UNIT/APT: _____ CITY: _____ ZIP CODE: _____ TELEPHONE NO.: (____) _____ | | | | |
| a. Is your residence address the same as your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, enter your residence address. (Include your city, state, ZIP Code, and apartment number.) NOTE: A Post Office Box is not a residence address. STREET ADDRESS: _____ UNIT/APT: _____ CITY: _____ STATE: _____ ZIP CODE: _____ | | | | |
| 3. Have you ever filed a claim in the past two years for Unemployment Insurance or Disability Insurance in the State of California? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the type of claim and date(s) when the claim(s) were filed. _____/____/____ _____/____/____ | | | | |
| 4. In the last 18 months, did you work for an agency of the federal government or serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

SECTION C - CLAIMANT INFORMATION (Continued)

5. Did you work in a state other than California during the last 18 months? Yes No
 If yes, in which state(s)? _____

6. Have you applied for Unemployment Insurance benefits in another state during the last 12 months? Yes No

7. Do you have a driver license or ID card? Yes No
 If yes, provide the name of the issuing state and your driver license or ID card number.
 Name of issuing state: _____ Driver License/ID Number: _____

8. Are you a U. S. citizen or national? Yes No

If no, answer the following questions:

a. Are you registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States? Yes No

b. What is the title of your USCIS document? Check one of the following:

| | |
|---|--|
| <input type="checkbox"/> Alien Registration Receipt Card (I-151) | <input type="checkbox"/> Temporary Resident Card (I-688) |
| <input type="checkbox"/> Permanent Resident Card (I-551) | <input type="checkbox"/> Arrival/Departure Record (I-94) |
| <input type="checkbox"/> Employment Authorization Card (I-688A) | <input type="checkbox"/> Re-entry Permit (I-327) |
| <input type="checkbox"/> Employment Authorization Document (I-688B) | <input type="checkbox"/> Refugee Travel Document (I-571) |
| <input type="checkbox"/> Stamp on VISA | <input type="checkbox"/> Unexpired Foreign Passport |
| <input type="checkbox"/> Employment Authorization Card (I-766) | <input type="checkbox"/> Other Document _____ |

NOTE: (VISA Stamp states: "Processed for I-551 Temporary Evidence of Lawful Admission of Permanent Residence valid until MM/DD/YYYY, Employment Authorized.")

c. What is your Alien Registration **OR** authorization number on your document? _____

d. What is the expiration date of your work authorization? _____

e. Were you legally entitled to work in the United States for the last 19 months? Yes No

9. Are you receiving, or will you receive within the next year, a pension other than Social Security or Railroad Retirement, which is based on your own work or wages? Yes No

If yes:

a. Who pays the pension check to you? _____

b. How are you receiving your pension payments? Monthly Annually Lump Sum

c. Did you pay into your pension or retirement? Yes No

d. Did any of the employers you worked for in the last 18 months pay into the pension fund? Yes No Unsure
 If yes, what is the name of the company paying into the pension? _____

10. List the employers you've worked for in the last 18 months, starting with your most recent to your earliest:
 List any additional employers on a separate sheet of paper. Be sure to include all the same information requested in this question.
(Note: How Paid; please specify, hourly, daily, weekly, monthly, commission, or at a piece rate.)

| EMPLOYER NAME | DATES WORKED | EARNINGS | HOW PAID |
|---------------|--|----------|----------|
| _____ | From: ____ / ____ / ____ To: ____ / ____ / ____ | \$ _____ | _____ |
| _____ | From: ____ / ____ / ____ To: ____ / ____ / ____ | \$ _____ | _____ |
| _____ | From: ____ / ____ / ____ To: ____ / ____ / ____ | \$ _____ | _____ |
| _____ | From: ____ / ____ / ____ To: ____ / ____ / ____ | \$ _____ | _____ |
| _____ | From: ____ / ____ / ____ To: ____ / ____ / ____ | \$ _____ | _____ |

SECTION C - Claimant Information (Continued)

11. Which employer did you work for the longest? _____

a. What type of business was operated by this employer?
(Please be specific. For example, restaurant, dry-cleaning, construction, bookstore, etc.) _____

b. What type of work did you do for this employer?
(Please be specific: cashier, laborer, plumber, etc.) _____

c. How long did you work for this employer? Years: _____ Months: _____

12. Are you now, or have you been in the last 18 months an officer of a corporation or the sole or major stockholder of a corporation? Yes No

13. Are you receiving or expect to receive Workers' Compensation? Yes No
If yes, provide the insurance carrier and if possible the case number.
Name of Insurance Carrier: _____ Case Number: _____

14. Would you prefer your written material in English or Spanish? English Spanish

15. What is your preferred spoken language? English Spanish Other: _____

The following two questions are optional.

16. What race or ethnic group do you identify with? Check one of the following:

| | | | | |
|---------------------------------------|------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other (Specify) _____ | | <input type="checkbox"/> I choose not to answer |

17. Do you have a disability? Yes No I choose not to answer

(A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)

I do hereby claim benefits. I am a Work Sharing claimant and working reduced hours. I have answered these questions knowing that the law provides penalties for making false statements.

Pertaining to Question 8, citizenship status, I declare under PENALTY OF PERJURY, under the laws of the State of California, that my answer is true and correct. I understand that the information I provide on this form may be released to other government agencies to the extent allowed by law.

| | | |
|-----------------------------|------------------------|--------------------|
| Claimant Original Signature | Social Security number | Date Signed |
| _____ | _____ | ____ / ____ / ____ |

EDD USE ONLY

| | | | | | | | | | | | | |
|-----|-------|------|-----|------|-----|-----|-----|----|-----|----|--------|------|
| BYB | TRANS | 1254 | UCX | UCFE | CIT | DOT | SIC | OC | ETH | HS | PER 99 | CORR |
|-----|-------|------|-----|------|-----|-----|-----|----|-----|----|--------|------|

Interviewer's Initials: _____

COMPLETION INSTRUCTIONS – WORK SHARING CERTIFICATION, DE 4581WS

The *Work Sharing Certification*, DE 4581WS, will be issued to you by your employer. Your employer must complete page 1. If page 1 is not completed, return the certification to your employer.

The *Work Sharing Certification* is available in English and Spanish. You must complete and mail the certification to the Special Claims Office within 14 calendar days from the date your Work Sharing employer issued the form to you. If your Work Sharing employer chooses to mail the certification to the Special Claims Office for you, your employer must also mail the form timely.

The *Work Sharing Certification* form is not computer generated by the EDD; it is issued by your Work Sharing employer. Your employer chooses which weeks are Work Sharing weeks and which employees will participate in the Work Sharing program.

Work Sharing benefit payments are issued by the Special Claims Office using two different certification forms: *Initial Claim and Payment Certification*, DE 4511WS, and *Work Sharing Certification*, DE 4581WS. The DE 4581WS is used to authorize benefit payments or give credit for the waiting period week after the Unemployment Insurance claim is filed.

Follow the instructions below when completing page 2 on the *Work Sharing Certification*. “Week One” refers to the week ending date entered in the first column on page 1, and “Week Two” refers to the week ending date entered in the second column on page 1. If you have any questions regarding the completion of page 2, contact the Special Claims Office immediately.

COMPLETION INSTRUCTIONS – WORK SHARING CERTIFICATION, DE 4581WS

Question 1. – Did you have a change of address or phone number during this week? Answer yes or no.

Check the “Yes” box if you moved or changed your phone number during the week that is being certified. Check the “No” box if you did not move or change your phone number during the week that is being certified.

Question 1.a. – If yes, provide your new address and/or phone number.

Question 2. – Did you work for anyone other than your Work Sharing employer? (This includes self-employment or a second employer.) Answer yes or no.

Question 2.a. – If yes, provide the self-employment or other employer’s name, address, and last date worked during this week.

Question 2.b. – Provide your earnings, before deductions, from your non-Work Sharing employer, whether you were paid or not. Also enter earnings from self-employment or jury duty. Report the gross earnings based on the beginning and week ending date of the form not based on the pay period of the secondary employer.

Question 2.c. – Are you continuing to work for the other employer? Answer yes or no.

Question 2.d. – If no, enter the reason the job ended.

Question 3. - If you want federal income tax withheld for the weeks shown on page 1, mark this box.

If you mark this box, the amount withheld will be 15 percent of the Work Sharing benefit amount payable for that week, but will not be deducted until all required benefit reductions and overpayment offsets are taken. For example:

| | |
|-----------------------------------|---------|
| Work Sharing amount payable: | \$40.00 |
| 15 percent of the payable amount: | \$6.00 |
| You are paid: | \$34.00 |

If you do not mark the box, no portion of the benefits will be withheld for federal income tax. Whatever you decide, your choice remains in effect only until you send in your next certification form.

Read the certification information carefully. Sign and date the certification. (The signature must be original; no photocopied signatures will be accepted.)

Mail the completed *Work Sharing Certification*, DE 4581WS, to the Special Claims Office within 14 working days (employer's working days) from the date issued to you by your employer. Refer to page 1 for the mailing address of the Special Claims Office.

Important:

- Review your certification form before mailing. Did you answer all questions? Did you sign the form?
- After you have used the two envelopes provided to you in your packet, you are responsible for providing your own envelope. In addition, ensure that the envelope is addressed correctly to the Special Claims Office.
- Place the correct postage and your return address on the envelope.
- Allow 10 days from the date you mail your certification form for your payment to be deposited onto your debit card.
- Contact the Specials Claims Office if you have any questions.



INTERVIEWER'S INITIALS (EDD) USE ONLY)

**EMPLOYER'S WORK SHARING CERTIFICATION
(To Be Completed By Employer Only)**

| | | |
|-----------------|------------------|------------------------------|
| LAST NAME _____ | FIRST NAME _____ | SOCIAL SECURITY NUMBER _____ |
|-----------------|------------------|------------------------------|

THIS FORM MAY BE USED FOR ONE WEEK OR TWO CONSECUTIVE WEEKS

| | WEEK ONE Week Ending: ___/___/___ | WEEK TWO Week Ending: ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|-------------|-------|-------------|-------|-------------|-------|-------------|-------|-------------|-------|--|---------|-------|-------------|-------|-------------|-------|-------------|-------|-------------|-------|-------------|-------|
| 1. Enter normal weekly wages. | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Enter actual wages paid (include overtime). | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Enter percentage (%) of wage reduction due to Work Sharing. | _____ % | _____ % | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Enter normal weekly hours of work. | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Enter actual hours worked (include overtime). | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Enter percentage (%) of hour reduction due to Work Sharing. | _____ % | _____ % | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Did the employee refuse any work made available during hours scheduled off due to your Work Sharing plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Enter date(s) and hours used for Work Sharing reductions during this week (example below): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Date(s) 02/05/05 </div> <div style="width: 30%;"> Hours 2 </div> </div> | <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Date(s)</th> <th style="width:50%;">Hours</th> </tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> </table> | Date(s) | Hours | ___/___/___ | _____ | ___/___/___ | _____ | ___/___/___ | _____ | ___/___/___ | _____ | ___/___/___ | _____ | <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Date(s)</th> <th style="width:50%;">Hours</th> </tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> <tr><td>___/___/___</td><td>_____</td></tr> </table> | Date(s) | Hours | ___/___/___ | _____ | ___/___/___ | _____ | ___/___/___ | _____ | ___/___/___ | _____ | ___/___/___ | _____ |
| Date(s) | Hours | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date(s) | Hours | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___/___/___ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Was employee absent from work for reasons other than Work Sharing, including a holiday, jury duty, illness, personal leave, or vacation during this week? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.a. If yes, was the absence approved? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.b. Enter the date(s) and reason for the absence. ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ Reason: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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 Work Sharing program is true and correct. At least two employees participated and not less than 10 percent of the regular permanent work force, involved in the affected work unit(s), participated in the Work Sharing program for at least one week of a two consecutive week period. This company will maintain employees' health and retirement benefits under the same terms and conditions as prior to the reduction in hours and wages or to the same extent as other employees not participating in the Work Sharing Plan pursuant to the California Unemployment Insurance Code Section 1279.5 (c)(4)(A).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Co. _____ | Printed Name of Signee _____ | Date Issued to Employee ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | |
| | Title _____ | Employer Phone Number _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Signature _____ | Employer Account Number _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

NOTE: This form must be issued to the employee **WITHIN 14 DAYS** after the last week ending date shown above.

CLAIMANT'S WORK SHARING CERTIFICATION

Special Claims Office, ARU 850 - P.O. Box 419076 - Rancho Cordova, CA 95741-9076

**CLAIMANT'S WORK SHARING CERTIFICATION
(To Be Completed By Employee Only)**

| | WEEK ONE | WEEK TWO |
|--|---|---|
| 1. Did you have a change of address or telephone number during this week? 1.a. If yes , enter your new address and/or telephone number. | Answer the following questions for the week ending date entered under "Week One" on the reverse side of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ _____ Telephone: () _____ | Answer the following questions for the week ending date entered under "Week Two" on the reverse side of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ _____ Telephone: () _____ |
| 2. Did you work for anyone other than your Work Sharing employer? (This includes self-employment or a second employer.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.a. If yes , enter the self-employment or other employer's name, address, and last date worked during this week. | Name _____ Address _____ City, State, and ZIP _____ Last Date Worked: _____/____/____ | Name _____ Address _____ City, State, and ZIP _____ Last Date Worked: _____/____/____ |
| 2.b. Enter your earnings, before deductions, from your non-Work Sharing employer, whether you were paid or not. Also enter earnings from self-employment or jury duty. | \$ _____ | \$ _____ |
| 2.c. Are you continuing to work for the other employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.d. If no , enter the reason the job ended. | | |
| 3. If you want federal income tax withheld for the week(s) shown on Page 1, mark this box. <input type="checkbox"/> If you mark the box and are certifying for two weeks, federal income tax will be withheld for both weeks. | | |

The information provided is true and correct to the best of my knowledge and belief. I understand that the law provides for a fine and/or imprisonment for making false statements or withholding facts to receive Unemployment Insurance.

| | | |
|-----------|------------------------|-------------|
| SIGNATURE | SOCIAL SECURITY NUMBER | DATE SIGNED |
|-----------|------------------------|-------------|

NOTE: The employee is responsible for mailing this form to the **Special Claims Office at the address below within 14 calendar days** of receipt from the employer.

CLAIMANT'S WORK SHARING CERTIFICATION

Special Claims Office, ARU 850 - P.O. Box 419076 - Rancho Cordova, CA 95741-9076

ELIGIBILITY

Work Sharing benefits cannot be paid unless all eligibility requirements are met. If there is a question of your eligibility, the Special Claims Office will contact you or your Work Sharing employer for clarification or additional information.

The Work Sharing program requires that both employers and participating employees meet the eligibility criteria. Listed below are the eligibility criteria that Work Sharing employers must meet in order for their participating employees to be eligible for Work Sharing benefits:

1. Employers must be a legally registered business in California and have an active California State Employer Account Number.
2. At least 10 percent of the employer's regular workforce or a unit of the workforce, and a minimum of two employees, must be affected by a reduction in hours and wages.
3. The employees' reduction in hours and wages must be at least 10 percent and must **not exceed 60 percent**.
4. The **health benefits of employees** must be continued under the same terms and conditions as prior to the reduction in hours and wages or to the same extent as other employees not participating in Work Sharing. Unless a reduction is applied equally to employees not participating in Work Sharing, employers who reduce health benefits of employees participating in Work Sharing will not qualify for the Work Sharing program.
5. The **retirement benefits of employees** must be continued under the same terms and conditions as prior to the reduction in hours and wages or to the same extent as other employees not participating in Work Sharing. Unless a reduction is applied equally to employees not participating in Work Sharing, employers who reduce retirement benefits of employees participating in Work Sharing will not qualify for the Work Sharing program.
6. The collective bargaining agent of employees in the bargaining unit must agree to voluntarily participate in Work Sharing and must sign the application for Work Sharing.
7. Employers must identify the affected work unit(s) to be covered by the Work Sharing plan and **identify each participating employee by their full name and Social Security number**.
8. Employers must notify employees in advance of the intent to participate in Work Sharing.
9. Employers must identify **how many layoffs will be avoided** by participating in the Work Sharing.
10. Employers must provide the EDD with any necessary reports or documents relating to the proper conduct of the Work Sharing plan.

If your Work Sharing employer does not meet the criteria listed above:

- The employer's Work Sharing plan may be terminated, and/or
- You may not be eligible for Work Sharing benefits.

Listed below are the eligibility criteria that participating employees must meet in order to be eligible for Work Sharing benefits:

1. Remain available for any work offered by your Work Sharing employer.
2. Submit any certification forms issued to you by your Work Sharing employer to the Special Claims Office within 14 calendar days from the issue date.
3. Be regularly employed by the Work Sharing employer.
4. Complete one normal work week (with no hour or wage reductions) for the Work Sharing employer before participating in the Work Sharing program.
5. Have qualifying wages in the base period quarters used to establish a regular California Unemployment Insurance claim. Refer to the DE 1275A for more information on the base period at www.edd.ca.gov.
6. Your weekly hours worked and wages must be reduced by a minimum of 10 percent and must not exceed 60 percent.
7. If you quit or are fired from your job with the Work Sharing employer, you will no longer be entitled to Work Sharing benefits. The EDD will then determine if you are eligible for regular UI benefits based on your separation reason.

Note: Your rate of pay is not reduced. Your weekly wages are reduced by 10 percent because the number of hours you worked was reduced by 10 percent. For example:

Your Work Sharing employer has reduced your normal work week from 40 hours to 32 hours. You are paid an hourly rate of \$10 per hour. Your normal weekly wage has been reduced from \$400 to \$320 due to Work Sharing. This is a 20 percent reduction in your hours worked and weekly wages earned.

Because your hours worked are reduced by 20 percent, your wages earned are also reduced by 20 percent. Your hourly rate of \$10 per hour remains the same.

If any of the above listed criteria is not met, Work Sharing benefits cannot be paid. If you are not eligible for benefits you will receive a notice explaining why you are not entitled to Work Sharing benefits. The notice will also advise you of your appeal rights.

You must also report all work and earnings from an employer other than your Work Sharing employer. All work and/or earnings must be reported, including the receipt of the types of payments listed below. The EDD audits all Unemployment Insurance benefits to detect fraud. If you receive benefits because you failed to provide the EDD with the correct information, you may be prosecuted and denied current and future benefits.

- Back Pay Award
- Jury Fees
- Severance Pay
- Bonuses
- Paid Sick Leave
- Strike Benefits
- Commissions
- Pensions
- Tips
- Holiday Pay
- Piece Work
- Vacation Pay
- Idle Time Pay
- Residual Pay/Holding Fees
- Witness Fees
- In-Lieu-of-Notice
- Self-Employment
- Workers' Compensation

You must report lodging and meals or any other payment you receive instead of money when you work. If you are unsure about how to report wages, contact the EDD.



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-800-300-5616 (voice) or TTY 1-800-815-9387.