

# OREGON



## Frances Online Tutorial for Employers

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- ➔ • How to Apply/Renew a Work Share Plan
- ➔ • How to Review Weeks Claimed
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# How to Apply for or Renew a Work Share Plan

- Work Share plans are valid for 52 weeks.
- Plans can start on the Sunday of the week the application is submitted or on a future Sunday.
- Plans can be renewed year after year.
- Plans are tied directly to the Oregon Business Identification Number (BIN) that provides payroll for the affected employees.



DUNDER MIFFLIN PAPER CO

00-000589798  
3385 CENTER ST NE  
SALEM OR 97301-4609

Welcome, David Wallace

You last logged in on Wednesday, Mar 6, 2024 9:30:33 AM

[Manage My Profile](#)

[Home](#) [Action Center](#) [Settings](#) [I Want To...](#)

Filter

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Contributions  
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Wages and Contributions

Payable Balance  
(\$399.81)

Period  
2023 Quarter 4

Report Filing  
Quarterly: Form OQ and 132

Status  
Ontime-Processed

- > View and File Payroll Reports
- > Report a Change in Business Status
- > More...

Unemployment Insurance

Current Tax Rate  
2.40%

- > View Tax Rates
- > View More Employer Details
- > Notice of Election to Cover Employees
- > Corporate Officer Exclusion
- > More...

Paid Leave Oregon

- > Submit an Equivalent Plan Application
- > Submit an Assistance Grant Application
- > Submit an Adjustment Grant Application

On the Home tab, select the “More” hyperlink in either the Wages and Contributions panel or the Unemployment Insurance panel.

(Depending on your access, you may not see both panels.)



On the More tab, you will see several sub-panels, including Work Share Plans.

(Depending on your access, you may not see all panels.)



More...

Contributions  
00598765-8  
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More...

🔍 What are you looking for?

<b>Wages and Contributions</b> Submit requests relating to your wages and contributions account. <ul style="list-style-type: none"><li>&gt; View and File Payroll Reports</li><li>&gt; Make Garnishment Payment</li><li>&gt; Report a Change in Business Status</li><li>&gt; Add Authorized Representative</li><li>&gt; Tax Compliance Certification</li></ul>	<b>Refunds</b> Request a new or replacement refund for your contributions account. <ul style="list-style-type: none"><li>&gt; Request a New Refund</li><li>&gt; Request a Replacement Refund</li></ul>	<b>Unemployment Insurance</b> Submit requests relating to Unemployment Insurance. <ul style="list-style-type: none"><li>&gt; Enter School Break Dates</li><li>&gt; FUTA Certification</li><li>&gt; Request a Good Cause Waiver or Deletion</li><li>&gt; Report Separation Reason and Request Relief of Charges</li><li>&gt; Notice of Election to Cover Employees</li><li>&gt; Corporate Officer Exclusion</li><li>&gt; Benefit Charges Inquiry</li></ul>
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<b>Multi-BIN Filing</b> File payroll reports for multiple BINs. <ul style="list-style-type: none"><li>&gt; Multi-BIN Filing</li><li>&gt; Add New Client Accounts To My Business</li><li>&gt; Work With My Clients</li><li>&gt; Remove Clients My Business No Longer Works With</li></ul>	<b>Work Share Plans</b> Apply for Work Share or view and manage an existing Work Share plan. <ul style="list-style-type: none"><li>&gt; Apply for Work Share</li><li>&gt; Work Share Plans</li><li>&gt; View Filed Claims</li></ul>	<b>SIDES</b> The State Information Data Exchange System (SIDES), is a system that allows electronic transmission of information regarding unemployment insurance claims between agencies and employers. Click below to register for SIDES or request a PIN reset. <ul style="list-style-type: none"><li>&gt; Register for SIDES</li><li>&gt; Reset SIDES PIN</li></ul>

From the Work Share Plan panel, you can:

- Select “Apply for Work Share” to submit an application.
- Select "Work Share Plans" to change an existing plan.
- Select "View Filed Claims" to view or dispute previous weeks claimed.

## Work Share Plans

Apply for Work Share or view and manage an existing Work Share plan.

[> Apply for Work Share](#)

[> Work Share Plans](#)

[> View Filed Claims](#)



The Introduction screen shows minimum requirements information and Work Share program guidelines.

After reviewing, select “Next” to continue.

< More...

### Work Share Application

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00-000589798

Introduction

#### Introduction

The Work Share program provides an alternative for employers and workers who may be facing a layoff situation. Work Share allows employers to reduce work hours for their employees by providing partial unemployment insurance benefits that supplement workers' reduced wages.

To qualify for the program, the following criteria must be met:

- Minimum of three (3) qualifying employees must be participating throughout the program.
- Seasonal or temporary employees are not eligible for the Work Share program.
- Weekly work hours and wages for participating employees will be reduced by at least 10% and not more than 50%.
- Customary work week may not fluctuate from week to week.
- If the participating employees are part of a union, then the plan must be approved by the collective bargaining agent for each affected employee under a collective bargaining agreement.

Plans are in effect for one year from the start date. The plan may be cancelled or adjusted at any time within the year using Frances Online.

An employer may apply for the program by completing the following application and participant information.

Cancel < Previous **Next** >



Review the list of information needed to complete the Work Share application.

After reviewing, select “Next” to continue.

< More...

### Work Share Application

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00-000589798

Introduction **Required Information**

#### Required Information

The following information is required to complete an application:

- Name, job title, email, and phone number of all representatives from your business that will coordinate with Work Share program specialists for program enrollment and participation.
- Date that the plan will start. Plans must begin on a Sunday.
- How you plan to implement the program and notify your employees of the plan.
- Signed approvals from Authorized Union Representative (if applicable).
- Name, social security number, date of hire, current hours, proposed reduced hours, and the reason why the individual is being added to the plan for each participating employee.

Cancel < Previous **Next** >





This screen describes Employer and Participating Employees' responsibilities related to the Work Share program.

After reviewing, select "Next" to continue.

< More...

### Work Share Application

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00-000589798

Introduction   Required Information   **Responsibilities**

#### Employer's and Participating Employees' Responsibilities

The business is responsible for the following:

- Notifying all employees participating in the Work Share plan with a link to the Initial Claim application located in Frances Online.
- Informing participants that they must report all secondary earnings e.g. outside employment, self-employment, rental property income, dividends, and other capital income.
- Notifying the Employment Department immediately if there are any changes to the information on the plan application or the participating employees.
- Furnishing all reports and information necessary for proper administration of the Work Share plan.
- Continuing to provide health benefits under the same terms and conditions as when the affected employee worked their usual weekly hours, unless health benefits change for all employees.
- Providing retirement benefits under a defined benefit plan or contributions under a defined contribution plan under the same terms and conditions as when the affected employee worked their usual weekly hours, unless retirement benefits change for all employees.
- Understanding participation in the Work Share program may have an adverse effect on the annual Unemployment Insurance tax rate assigned to the business.

The participating employees are responsible for the following:

- Completing all weekly claims, corrections, certifications, and submitting them to the Employment Department no later than seven (7) days after the end of the week for which benefits are claimed. That includes completed claim certifications with earnings for another employer or missed work opportunities.
- Understanding any hours reported above 40 for a customary work week should be entered as 40 hours on their weekly claim.

Cancel   < Previous   **Next** >



Choose the appropriate answer from the dropdown menu and select "Next" to continue.

### Work Share Application

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00-000589798



**Employer Information**

How did you learn about Work Share? \*

Required ▾

Cancel

< Previous

Next >



Enter the name and contact information for an authorized Work Share program representative.

You must provide one Primary Employer Representative; however, we strongly encourage designating an alternate.

Enter the appropriate information and select “Next” to continue.



< More...

## Work Share Application

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### Employer Representatives

Please identify two representatives from your business to coordinate with Work Share Program Specialists for program enrollment and participation.

#### Primary Employer Representative:

Name \*

Job Title \*

Email \*

Phone \*

#### Alternate Employer Representative:

Name

Job Title

Email

Phone

Cancel

< Previous **Next** >

Here you will enter information about your plan, including:

**Plan Preferred Name (required):** Can be any combination of numbers and/or letters. Names commonly seen are plan numbers, dates/years or office locations.

**Requested Plan Start Date (required):** Must be a Sunday date, can be the Sunday of the current week or a future Sunday date.

After providing your plan information, select “Next” to continue.



< More...

### Work Share Application

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Introduction  Required Information  Responsibilities  Employer Information  Employer Representatives  **Plan Information**

#### Plan Information

Preferred Plan Name \*

Requested Plan Start Date \*

Estimated Number of Employees Affected \*

How many layoffs will you avoid? \*

Describe how your business plans to implement the Work Share program. \*

How do you plan to notify your employees of the Work Share plan? \*

Cancel < Previous **Next** >

If the affected employees have a Union Affiliation, use this screen to upload signed approvals.

OED does not have a formal form for this purpose. You may use your own letter or document signed by the Authorized Union Representatives.

After providing the appropriate information, select “Next” to continue.

< More...

### Work Share Application

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Progress: Eligibilities ✓ Employer Information ✓ Employer Representatives ✓ Plan Information ✓ Work Share Presentation ✓ Union Affiliation

#### Union Affiliation(s) Information

The employer's Work Share plan must be approved by the collective bargaining agent for each affected employee under a collective bargaining agreement.  
Please upload signed approvals from Authorized Union Representative(s) using the button below

**Upload Signed Approval**

#### Attachments

Type	Name	Description	Size
There are no attachments.			

**Add Attachment**

**Cancel** **Previous** **Next**



You must add a **minimum of three** employees to your Work Share participant list to submit your plan.

You can manually add participants or add multiple names at once using an Excel spreadsheet.

Select “View Upload Format Specifications” to use an Excel spreadsheet.

< More...

### Work Share Application


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Information ✓ Employer Representatives ✓ Plan Information ✓ Work Share Presentation ✓ Union Affiliation ✓ Participant List

#### Work Share Participant List

Please provide the requested information for each of the participating employees.

Employee participants in the work share plan will appear in the box below once you have selected the **Add Employee** link and filled out the fields. Alternatively, you may upload a file by using the button below and following the specified formatting instruction. Be aware that using a file upload will overwrite any previously added employees.

[View Upload Format Specifications](#) 

**Upload Participant List**

You can review added participant's information or remove them from the list directly from the box below.

You can click the **Show Errors** hyperlink to see which employee records need reviewed before you can continue.

#### Participating Employees

	Social Security Number	Last Name	First Name	MI
+ Add Employee				

+ Add Employee

Cancel < Previous **Next** >



Select “Excel Template” to download the Participant List template.

After downloading the Excel Template, select “OK” to continue.

The screenshot shows a web application interface for uploading a participant list. At the top, there are navigation tabs: Information, Employer Representatives, Plan Information, Work Share Presentation, Union Affiliation, and Participant List. The main content area is titled "Work Share Participant List" and contains instructions: "Please provide the requested information for each of the participating employees." and "Employee participants in the work share plan will appear in the box below once you have selected the **Add Employee** link and filled out the fields. Alternatively, you may upload a file by using the button below and following the specified formatting instruction. Be aware that using a file upload will overwrite any previously added employees." Below this text is a link "View Upload Format Specifications" and a blue button labeled "Upload Participant List".

An "Upload Format Specifications" modal dialog is open in the foreground. It has a title bar with a question mark icon and a close button. The dialog content is titled "Work Share Participant List Specifications and Template Download" and includes a link "Excel Template" with a red arrow pointing to it. Below the link, it says "Note that Excel Spreadsheet uploads:" followed by two bullet points: "• Must be composed of one file containing a sheet named **WorkShareParticipants** that contains the employee data." and "• The first row in the spreadsheet will not be read and should only contain column names." At the bottom right of the dialog are "Cancel" and "OK" buttons.

At the bottom of the main application window, there are "Cancel", "Previous", and "Next" buttons.



Example Participant List spreadsheet:

“Current Hours” = number of hours the employee works during normal (not reduced) operations.

“Reduced Hours” = estimation of proposed reduced hours during a business slowdown.

Actual reductions may differ and do not require approval or updates to the Participant List.

	A	B	C	D	E	F	G	H
1	SSN	Last Name	First Name	Middle Initial	Date of Hire	Current Hours	Reduced Hours	Why is this person being added?
2	***_**-4825	Beesley	Pam		5/7/2018	40	32	Reduction in work hours
3	***_**-8755	Flenderson	Toby		1/31/2012	40	32	Reduction in work hours
4	***_**-7462	Halpert	Jim		2/1/2019	40	32	Reduction in work hours
5	***_**-8510	Hannon	Erin		10/3/2021	40	32	Reduction in work hours
6	***_**-6468	Hudson	Stanley		1/5/2009	40	32	Reduction in work hours
7	***_**-5485	Kapoor	Kelly		11/1/2020	40	32	Reduction in work hours
8	***_**-2104	Malone	Kevin		10/1/2015	40	32	Reduction in work hours
9	***_**-8754	Martin	Angela		3/2/2017	40	32	Reduction in work hours
10	***_**-4852	Nunez	Oscar		9/2/2016	40	32	Reduction in work hours
11	***_**-0548	Palmer	Meredith		5/3/2016	40	32	Reduction in work hours
12	***_**-1425	Schrute	Dwight		4/6/2015	40	32	Reduction in work hours
13	***_**-2255	Scott	Michael		8/15/2012	40	32	Reduction in work hours
14	***_**-3908	Vance	Phyllis		6/1/2010	40	32	Reduction in work hours
15								
16								





To upload the Participant List Excel spreadsheet, select “Upload Participant List.”

To upload correctly, the file name **must be: WorkShareParticipants**

(no spaces)

< More...

### Work Share Application

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00-000589798

Information ✓ Employer Representatives ✓ Plan Information ✓ Work Share Presentation ✓ Union Affiliation ✓ **Participant List**

#### Work Share Participant List

Please provide the requested information for each of the participating employees.

Employee participants in the work share plan will appear in the box below once you have selected the **Add Employee** link and filled out the fields. Alternatively, you may upload a file by using the button below and following the specified formatting instruction. Be aware that using a file upload will overwrite any previously added employees.

[View Upload Format Specifications](#)

**Upload Participant List** ←

You can review added participant's information or remove them from the list directly from the box below.

You can click the **Show Errors** hyperlink to see which employee records need reviewed before you can continue.

#### Participating Employees

Social Security Number	Last Name	First Name	MI
+ Add Employee			

+ Add Employee

Cancel Previous Next



Confirm participating employees are listed correctly.

To remove employees, select the “X” next to the appropriate line.

To update other participant information, select the “pencil” icon next to the appropriate line.



### Work Share Participant List

Please provide the requested information for each of the participating employees.

Employee participants in the work share plan will appear in the box below once you have selected the **Add Employee** link and filled out the fields. Alternatively, you may upload a file by using the button below and following the specified formatting instruction. Be aware that using a file upload will overwrite any previously added employees.

[View Upload Format Specifications](#)

[Upload Participant List](#)

You can review added participant's information or remove them from the list directly from the box below.

You can click the **Show Errors** hyperlink to see which employee records need reviewed before you can continue.

### Participating Employees

	Social Security Number	Last Name	First Name	MI
		***-**-4825	BEESLEY	PAM
		***-**-8755	FLENDERSON	TOBY
		***-**-7462	HALPERT	JIM
		***-**-8510	HANNON	ERIN
		***-**-6468	HUDSON	STANLEY
		***-**-5485	KAPOOR	KELLY
		***-**-2104	MALONE	KEVIN
		***-**-8754	MARTIN	ANGELA
		***-**-4852	NUNEZ	OSCAR
		***-**-0548	PALMER	MEREDITH
		***-**-1425	SCHRUTE	DWIGHT
		***-**-2255	SCOTT	MICHAEL
		***-**-3908	VANCE	PHYLLIS
<a href="#">+ Add Employee</a>				

[+ Add Employee](#)

Employee Information can be manually added on this screen.

“Current Hours” = number of hours the employee works during normal (not reduced) operations.

“Reduced Hours” = estimation of proposed reduced hours during a business slowdown.

Actual reductions may differ and do not require approval or updates to the Participant List.

After entering all required information, select “Add” to continue.

Employee Information ⓘ ×

### Employee Information

Social Security Number \*  
*Required*

Last Name \*  
*Required*

First Name \*  
*Required*

Middle Initial

### Employment Information

Date of Hire \*  
*Required*

Current Hours \*  
*Required*

Proposed Reduced Hours \*  
*Required*

Why is this person being added? \*  
*Required*

What date is this employee being added?  
03-Mar-2024

Cancel Add



When you are finished adding participating employees, select “Next” to continue.

If you did not add at least three participants, you will see an error message and will need to add additional employees to continue.



< More...

### Work Share Application

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00-000589798

Information ✓ Employer Representatives ✓ Plan Information ✓ Work Share Presentation ✓ Union Affiliation ✓ Participant List >

#### Work Share Participant List

Please provide the requested information for each of the participating employees.

Employee participants in the work share plan will appear in the box below once you have selected the **Add Employee** link and filled out the fields. Alternatively, you may upload a file by using the button below and following the specified formatting instruction. Be aware that using a file upload will overwrite any previously added employees.

[View Upload Format Specifications](#)

**Upload Participant List**

You can review added participant's information or remove them from the list directly from the box below.

You can click the **Show Errors** hyperlink to see which employee records need reviewed before you can continue.

#### Participating Employees

	Social Security Number	Last Name	First Name	MI
+ Add Employee				

+ Add Employee

Cancel < Previous **Next** >

Review the agreements and enter your name in the “Print Name” block.

Select “Submit” to complete the application.

< More...

## Work Share Application

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### Submit

By submitting this form, I agree to abide by all federal and state unemployment laws and follow the business' responsibilities of the Work Share Program. I attest that all information provided in this application is true and correct.

By signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature. I further attest that I have signature authority with the named employer.

Print Name: \*

Required

Cancel

< Previous

Submit



The application will show as “Plan Pending Review” while Work Share staff are reviewing your plan.

Select “More” at the top of the screen to return to the More tab.

< More...

### Work Plans

Contributions  
00598765-8  
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#### Work Plans

#### Work Plans

View Active and Pending Plans

Plan ID **F9-7J32-6924**

Plan Name  
Scranton

Received  
05-Mar-2024

[Update Work Plan](#)

03-Mar-2024 - 03-Mar-2025

Percentage of Work Reduction  
20.00

Plan Pending Review



When the Work Share plan has been approved, the status on this screen will change to “Plan Approved on (date)”

After your plan is approved, more options will be visible in the Work Plans panel, including:

- “View Plan Employees”
- “Update Work Plan.”

Select “More” at the top of the screen to return to the More tab.

< More...

**Work Plans**

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Work Plans

---

**Work Plans** View Active and Pending Plans

Plan ID <b>F9-7J32-6924</b>	Plan Name Scranton	Received 05-Mar-2024	<a href="#">View Plan Employees</a>
03-Mar-2024 - 03-Mar-2025	Percentage of Work Reduction 20.00		<a href="#">Update Work Plan</a>
<b>Plan Approved on 05-Mar-2024</b>			



# How to Review Weeks Claimed

- An employer can view their Work Share employees' weekly claims
- If the claim was made within the past 14 days, the employer can dispute the details of the claim
  - Employers are not required to review
  - Weekly claims will be paid from the information originally provided
  - Any logged disputes will be investigated, and over or under-payments will be addressed if necessary





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00-000589798  
3385 CENTER ST NE  
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Welcome, David Wallace

You last logged in on Wednesday, Mar 6, 2024 9:30:33 AM

[Manage My Profile](#)

[Home](#) [Action Center](#) [Settings](#) [I Want To...](#)

Filter

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Contributions  
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Wages and Contributions

Payable Balance  
(\$399.81)

Period  
2023 Quarter 4

Report Filing  
Quarterly: Form OQ and 132

Status  
Ontime-Processed

- > View and File Payroll Reports
- > Report a Change in Business Status
- > More...

Unemployment Insurance

Current Tax Rate  
2.40%

- > View Tax Rates
- > View More Employer Details
- > Notice of Election to Cover Employees
- > Corporate Officer Exclusion
- > More...

Paid Leave Oregon

- > Submit an Equivalent Plan Application
- > Submit an Assistance Grant Application
- > Submit an Adjustment Grant Application

On the Home tab, select the “More” hyperlink in either the Wages and Contributions panel or the Unemployment Insurance panel.

(Depending on your access, you may not see both panels.)



On the More tab, you will see several sub-panels, including Work Share Plans.

(Depending on your access, you may not see all panels.)



More...

Contributions  
00598765-8  
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More...

🔍 What are you looking for?

<p><b>Wages and Contributions</b></p> <p>Submit requests relating to your wages and contributions account.</p> <ul style="list-style-type: none"><li>&gt; View and File Payroll Reports</li><li>&gt; Make Garnishment Payment</li><li>&gt; Report a Change in Business Status</li><li>&gt; Add Authorized Representative</li><li>&gt; Tax Compliance Certification</li></ul>	<p><b>Refunds</b></p> <p>Request a new or replacement refund for your contributions account.</p> <ul style="list-style-type: none"><li>&gt; Request a New Refund</li><li>&gt; Request a Replacement Refund</li></ul>	<p><b>Unemployment Insurance</b></p> <p>Submit requests relating to Unemployment Insurance.</p> <ul style="list-style-type: none"><li>&gt; Enter School Break Dates</li><li>&gt; FUTA Certification</li><li>&gt; Request a Good Cause Waiver or Deletion</li><li>&gt; Report Separation Reason and Request Relief of Charges</li><li>&gt; Notice of Election to Cover Employees</li><li>&gt; Corporate Officer Exclusion</li><li>&gt; Benefit Charges Inquiry</li></ul>
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<p><b>Multi-BIN Filing</b></p> <p>File payroll reports for multiple BINs.</p> <ul style="list-style-type: none"><li>&gt; Multi-BIN Filing</li><li>&gt; Add New Client Accounts To My Business</li><li>&gt; Work With My Clients</li><li>&gt; Remove Clients My Business No Longer Works With</li></ul>	<p><b>Work Share Plans</b></p> <p>Apply for Work Share or view and manage an existing Work Share plan.</p> <ul style="list-style-type: none"><li>&gt; Apply for Work Share</li><li>&gt; Work Share Plans</li><li>&gt; View Filed Claims</li></ul>	<p><b>SIDES</b></p> <p>The State Information Data Exchange System (SIDES), is a system that allows electronic transmission of information regarding unemployment insurance claims between agencies and employers. Click below to register for SIDES or request a PIN reset.</p> <ul style="list-style-type: none"><li>&gt; Register for SIDES</li><li>&gt; Reset SIDES PIN</li></ul>

From the Work Share Plan panel, you can:

- Select “Apply for Work Share” to submit an application.
- Select "Work Share Plans" to change an existing plan.
- Select "View Filed Claims" to view or dispute previous weeks claimed.

## Work Share Plans

Apply for Work Share or view and manage an existing Work Share plan.

- > Apply for Work Share
- > Work Share Plans
- > View Filed Claims



Enter the date of a Saturday to review claims submitted by Work Share participants for that week.


**Example:**

- The claimant’s hours were reduced during the week of 02/04/24 – 02/10/24.
- To claim for that week, they need to submit a weekly claim during the week of 2/11/24-02/18/24.
- To review the claim, the employer must select the date of 02/10/24.

< More...

**Instructions**

You can use this request to manage Work Share earnings. Enter the date of a Saturday to view claims filed for the week before that date.

\* Saturday   [Get Earnings](#)

**Work Share Earnings**

Employee Name	Employee ID	Week	Reported Hours	Reported Earnings	Reported Paid Time O	Reported Missed
There are no reported employee earnings for this week.						




You can enter the date manually or by selecting the calendar icon on the right side of the field and choosing the date.

After entering the date, select “Get Earnings” to view the claims submitted for that week.

**Instructions**

You can use this request to manage Work Share earnings. Enter the date of a Saturday to view claims filed for the week before that date.

\* Saturday  

**Work Share Earnings**

Employee Name

There are no reported employees for this week.

**Get Earnings**

Employee ID	Week	Reported Hours	Reported Earnings	Reported Paid Time Off	Reported Missed
-------------	------	----------------	-------------------	------------------------	-----------------

< Jun 2025 >

SU	MO	TU	WE	TH	FR	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Today Close



You can use this request process to manage all Work Share earnings.

To review other weeks, enter a new date in the “Saturday” box and select “Get Earnings” to refresh the list for the desired week.


If there the entries are correct, select “More” at the top left of the screen to exit the window.

If you need to report discrepancies, select “Report Corrected Earnings.”

< More...

**Instructions**

You can use this request to manage Work Share earnings. Enter the date of a Saturday to view claims filed for the week before that date.

Saturday   [Get Earnings](#)

**Work Share Earnings** [Report Corrected Earnings](#)

Employee Name	Employee ID	Week	Reported Hours	Reported Earnings	Reported Paid Time O	Reported Missed'
TED LASSO	***-**-8755	14-Jun-2025	24	800.00	0.00	<input type="checkbox"/>
LED TASSO	***-**-8755	14-Jun-2025	24	800.00	0.00	<input type="checkbox"/>
LESLIE HIGGINS	***-**-6548	14-Jun-2025	32	1,200.00	0.00	<input type="checkbox"/>
ISAAC MCADOO	***-**-8510	14-Jun-2025	32	1,200.00	0.00	<input type="checkbox"/>



Individual claims can be disputed for the selected period.

To dispute claimant data, select the “pencil” icon on the left, next to the claimant’s name.

< View filed claims





### Work Share Earning Discrepancy

Contributions

00154485-9

AFC RICHMOND



Report Corrected Earnings									
Employee Name	Reported Hours	Reported Earnings	Reported Paid Time	Reported Missed Wc	Corrected Hours	Corrected Earnings	Corrected Paid Time	Corrected Missed Wc	
 TED LASSO	24	800.00	0.00	<input type="checkbox"/>	24	800.00	0.00	<input type="checkbox"/>	
 LED TASSO	24	800.00	0.00	<input type="checkbox"/>	24	800.00	0.00	<input type="checkbox"/>	
 LESLIE HIGGINS	32	1,200.00	0.00	<input type="checkbox"/>	32	1,200.00	0.00	<input type="checkbox"/>	
 ISAAC MCADOO	32	1,200.00	0.00	<input type="checkbox"/>	32	1,200.00	0.00	<input type="checkbox"/>	
4 Rows		4,000.00	0.00			4,000.00	0.00		

Cancel

< Previous

Next >



Corrections can be entered for each data point on the selected claim.

Here the employer corrected:

- Reported hours
  - Adjusted 32 to 30
- Reported earnings
  - Adjusted \$1200 to \$1,125
- Reported time off
  - Adjusted 0 to 2.0 hours
- Unreported missed work opportunity

Select “OK” after making corrections or “Cancel” if no corrections are needed.

Table

LESLIE HIGGINS		Week	
<input type="text" value="LESLIE HIGGINS"/>		<input type="text" value="14-Jun-2025"/>	
Reported Hours	<input type="text" value="32"/>	Corrected Hours	<input type="text" value="30"/>
Reported Earnings	<input type="text" value="1,200.00"/>	Corrected Earnings	<input type="text" value="1,125.00"/>
Reported Paid Time Off	<input type="text" value="0.00"/>	Corrected Paid Time Off	<input type="text" value="2.00"/>
<input type="checkbox"/> Reported Missed Work		<input checked="" type="checkbox"/> Corrected Missed Work	

Cancel OK





Changes in the system happen in real time.

Select the “pencil” icon on the left of each row to complete all additional updates.

Select “Next” to continue.

< View filed claims

### Work Share Earning Discrepancy

Contributions  
00154485-9  
AFC RICHMOND



#### Report Corrected Earnings

	Employee Name	Reported Hours	Reported Earnings	Reported Paid Time	Reported Missed Wc	Corrected Hours	Corrected Earnings	Corrected Paid Time	Corrected Missed Wc
	TED LASSO	24	800.00	0.00	<input type="checkbox"/>	24	800.00	0.00	<input type="checkbox"/>
	LED TASSO	24	800.00	0.00	<input type="checkbox"/>	24	800.00	8.00	<input checked="" type="checkbox"/>
	LESLIE HIGGINS	32	1,200.00	0.00	<input type="checkbox"/>	30	925.00	2.00	<input checked="" type="checkbox"/>
	ISAAC MCADOO	32	1,200.00	0.00	<input type="checkbox"/>	32	1,200.00	0.00	<input type="checkbox"/>
4 Rows			4,000.00	0.00			3,725.00	10.00	

Cancel

< Previous **Next** >



Review corrections before submitting. If needed, select "Previous" to return to the "Corrected Earnings" screen.

If all corrections are in order, select "Submit" to complete the process.

< View filed claims

Work Share Earning Discrepancy

Contributions  
00154485-9  
AFC RICHMOND



**Review and Submit**

Please review the below information. Once you have verified all the information, press the "Submit" button. If you need to make any changes, press the "Previous" button and update as needed.

**Report Corrected Earnings**

Employee Name	Reported Hours	Reported Earnings	Reported Paid Time	Reported Missed Wo	Corrected Hours	Corrected Earnings	Corrected Paid Time	Corrected Missed Wo
TED LASSO	24	800.00	0.00	<input type="checkbox"/>	24	800.00	0.00	<input type="checkbox"/>
LED TASSO	24	800.00	0.00	<input type="checkbox"/>	24	800.00	8.00	<input checked="" type="checkbox"/>
LESLIE HIGGINS	32	1,200.00	0.00	<input type="checkbox"/>	30	925.00	2.00	<input checked="" type="checkbox"/>
ISAAC MCADOO	32	1,200.00	0.00	<input type="checkbox"/>	32	1,200.00	0.00	<input type="checkbox"/>
		4,000.00	0.00			3,725.00	10.00	

Cancel

< Previous

Submit



# How to Update Work Share Plan Authorized Representatives

- An employer can make changes to the Authorized Representatives at any point while a plan is active.
- You must provide one Primary Employer Representative; however, we strongly encourage designating an alternate.
- Only Authorized Representatives may have access to Work Share plan information.



DUNDER MIFFLIN PAPER CO

00-000589798  
3385 CENTER ST NE  
SALEM OR 97301-4609

Welcome, David Wallace

You last logged in on Wednesday, Mar 6, 2024 9:30:33 AM

[Manage My Profile](#)

[Home](#) [Action Center](#) [Settings](#) [I Want To...](#)

Filter

DUNDER MIFFLIN PAPER CO

Contributions  
00598765-8  
3385 CENTER ST NE  
SALEM OR 97301-4609

Wages and Contributions

Payable Balance  
(\$399.81)

Period  
2023 Quarter 4

Report Filing  
Quarterly: Form OQ and 132

Status  
Ontime-Processed

- > View and File Payroll Reports
- > Report a Change in Business Status
- > More...

Unemployment Insurance

Current Tax Rate  
2.40%

- > View Tax Rates
- > View More Employer Details
- > Notice of Election to Cover Employees
- > Corporate Officer Exclusion
- > More...

Paid Leave Oregon

- > Submit an Equivalent Plan Application
- > Submit an Assistance Grant Application
- > Submit an Adjustment Grant Application

On the Home tab, select the “More” hyperlink in either the Wages and Contributions panel or the Unemployment Insurance panel.

(Depending on your access, you may not see both panels.)



On the More tab, you will see several sub-panels, including Work Share Plans.

(Depending on your access, you may not see all panels.)



More...

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

More...

What are you looking for?

<b>Wages and Contributions</b> Submit requests relating to your wages and contributions account. <ul style="list-style-type: none"><li>&gt; View and File Payroll Reports</li><li>&gt; Make Garnishment Payment</li><li>&gt; Report a Change in Business Status</li><li>&gt; Add Authorized Representative</li><li>&gt; Tax Compliance Certification</li></ul>	<b>Refunds</b> Request a new or replacement refund for your contributions account. <ul style="list-style-type: none"><li>&gt; Request a New Refund</li><li>&gt; Request a Replacement Refund</li></ul>	<b>Unemployment Insurance</b> Submit requests relating to Unemployment Insurance. <ul style="list-style-type: none"><li>&gt; Enter School Break Dates</li><li>&gt; FUTA Certification</li><li>&gt; Request a Good Cause Waiver or Deletion</li><li>&gt; Report Separation Reason and Request Relief of Charges</li><li>&gt; Notice of Election to Cover Employees</li><li>&gt; Corporate Officer Exclusion</li><li>&gt; Benefit Charges Inquiry</li></ul>
<b>Appeals</b> Submit requests relating to appeals. <ul style="list-style-type: none"><li>&gt; Submit a Benefits Appeal</li><li>&gt; View Benefits Appeal</li><li>&gt; Submit a Tax Appeal</li><li>&gt; Withdraw a Tax Appeal</li></ul>	<b>Tax Rates</b> Submit requests relating to your tax rates. <ul style="list-style-type: none"><li>&gt; View Tax Rates</li><li>&gt; Rate Review and Redetermination</li></ul>	<b>Paid Leave Oregon</b> Submit requests relating to Paid Leave Oregon. <ul style="list-style-type: none"><li>&gt; Submit an Equivalent Plan Application</li><li>&gt; Request Data Access for Coverage</li></ul>
<b>Multi-BIN Filing</b> File payroll reports for multiple BINs. <ul style="list-style-type: none"><li>&gt; Multi-BIN Filing</li><li>&gt; Add New Client Accounts To My Business</li><li>&gt; Work With My Clients</li><li>&gt; Remove Clients My Business No Longer Works With</li></ul>	<b>Work Share Plans</b> Apply for Work Share or view and manage an existing Work Share plan. <ul style="list-style-type: none"><li>&gt; Apply for Work Share</li><li>&gt; Work Share Plans</li><li>&gt; View Filed Claims</li></ul>	<b>SIDES</b> The State Information Data Exchange System (SIDES), is a system that allows electronic transmission of information regarding unemployment insurance claims between agencies and employers. Click below to register for SIDES or request a PIN reset. <ul style="list-style-type: none"><li>&gt; Register for SIDES</li><li>&gt; Reset SIDES PIN</li></ul>

From the Work Share Plan panel, you can:

Select "Apply for Work Share" to submit an application.

Select "Work Share Plans" to change an existing plan.

Select "View Filed Claims" to view or dispute previous weeks claimed.

## Work Share Plans

Apply for Work Share or view and manage an existing Work Share plan.

- > Apply for Work Share
- > **Work Share Plans**
- > View Filed Claims



The Work Share Plans panel shows all active and inactive Work Share Plans associated with the business' BIN.

To edit the Authorized Representatives for a specific plan, select “Update Work Plan” for the appropriate plan.

< More...

Work Plans

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Work Plans

Work Plans

View Active and Pending Plans

Plan ID <b>F9-7J32-6924</b> 03-Mar-2024 - 03-Mar-2025 Plan Approved on 05-Mar-2024	Plan Name Scranton Percentage of Work Reduction 20.00	Received 05-Mar-2024	<a href="#">View Plan Employees</a> <a href="#">Update Work Plan</a>
--	--	-------------------------	---



Choose edit “Employer Representatives” from the list of options and select “Next” to continue.

< Work Plans

### Update Work Share

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Introduction **Choose Action**

I Want To...

- Manage Participant List \*
- Edit Employer Representatives \*

Cancel < Previous **Next** >





Read the Introduction and select “Next” to continue.

< Work Plans

### Update Work Share

Contributions

00598765-8

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Introduction

#### Introduction

The Work Share program provides an alternative for employers and workers who may be facing a layoff situation. Work Share allows employers to reduce work hours for their employees by providing partial unemployment insurance benefits that supplement workers' reduced wages.

Cancel

< Previous

Next >



Edit the Primary and Alternate Employer Representative information and select “Next” to continue.

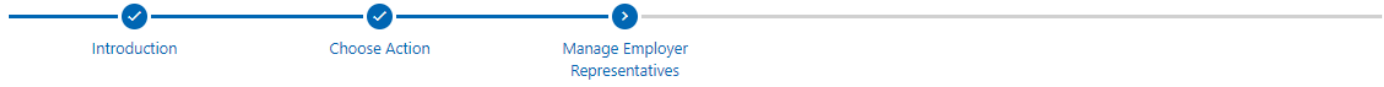
< Work Plans

### Update Work Share

Contributions

00598765-8

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#### Manage Employer Representatives

##### Primary Employer Representative:

Name

Job Title

Email

Phone

##### Alternate Employer Representative

Name

Job Title

Email

Phone

Cancel

< Previous **Next** >



Review the agreements and enter your name in the “Print Name” block.

Select “Submit” to complete the application.

### Update Work Share

Contributions

00598765-8

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#### Submit

By submitting this form, I agree to abide by all state and federal unemployment laws and attest that all information provided on this application is true and correct.

By signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature. I further attest that I have signature authority with the named employer.

Print Name:

David Wallace

Cancel

< Previous

Submit



# How to Update the Participant List

- The Participant List can be updated at any point during the active period of a Work Share Plan.
- A minimum of three employees must always be present on a Participant List.
- When an employee separates from a business, they must be removed from the Participant List.



DUNDER MIFFLIN PAPER CO

00-000589798  
3385 CENTER ST NE  
SALEM OR 97301-4609

Welcome, David Wallace

You last logged in on Wednesday, Mar 6, 2024 9:30:33 AM

[Manage My Profile](#)

[Home](#) [Action Center](#) [Settings](#) [I Want To...](#)

Filter

DUNDER MIFFLIN PAPER CO

Contributions  
00598765-8  
3385 CENTER ST NE  
SALEM OR 97301-4609

Wages and Contributions

Payable Balance  
(\$399.81)

Period  
2023 Quarter 4

Report Filing  
Quarterly: Form OQ and 132

Status  
Ontime-Processed

- > View and File Payroll Reports
- > Report a Change in Business Status
- > More...

Unemployment Insurance

Current Tax Rate  
2.40%

- > View Tax Rates
- > View More Employer Details
- > Notice of Election to Cover Employees
- > Corporate Officer Exclusion
- > More...

Paid Leave Oregon

- > Submit an Equivalent Plan Application
- > Submit an Assistance Grant Application
- > Submit an Adjustment Grant Application

On the Home tab, select the “More” hyperlink in either the Wages and Contributions panel or the Unemployment Insurance panel.

(Depending on your access, you may not see both panels.)



On the More tab, you will see several sub-panels, including Work Share Plans.

(Depending on your access, you may not see all panels.)



More...

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

More...

What are you looking for?

<p><b>Wages and Contributions</b></p> <p>Submit requests relating to your wages and contributions account.</p> <ul style="list-style-type: none"><li>&gt; View and File Payroll Reports</li><li>&gt; Make Garnishment Payment</li><li>&gt; Report a Change in Business Status</li><li>&gt; Add Authorized Representative</li><li>&gt; Tax Compliance Certification</li></ul>	<p><b>Refunds</b></p> <p>Request a new or replacement refund for your contributions account.</p> <ul style="list-style-type: none"><li>&gt; Request a New Refund</li><li>&gt; Request a Replacement Refund</li></ul>	<p><b>Unemployment Insurance</b></p> <p>Submit requests relating to Unemployment Insurance.</p> <ul style="list-style-type: none"><li>&gt; Enter School Break Dates</li><li>&gt; FUTA Certification</li><li>&gt; Request a Good Cause Waiver or Deletion</li><li>&gt; Report Separation Reason and Request Relief of Charges</li><li>&gt; Notice of Election to Cover Employees</li><li>&gt; Corporate Officer Exclusion</li><li>&gt; Benefit Charges Inquiry</li></ul>
<p><b>Appeals</b></p> <p>Submit requests relating to appeals.</p> <ul style="list-style-type: none"><li>&gt; Submit a Benefits Appeal</li><li>&gt; View Benefits Appeal</li><li>&gt; Submit a Tax Appeal</li><li>&gt; Withdraw a Tax Appeal</li></ul>	<p><b>Tax Rates</b></p> <p>Submit requests relating to your tax rates.</p> <ul style="list-style-type: none"><li>&gt; View Tax Rates</li><li>&gt; Rate Review and Redetermination</li></ul>	<p><b>Paid Leave Oregon</b></p> <p>Submit requests relating to Paid Leave Oregon.</p> <ul style="list-style-type: none"><li>&gt; Submit an Equivalent Plan Application</li><li>&gt; Request Data Access for Coverage</li></ul>
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From the Work Share Plan panel, you can:

Select "Apply for Work Share" to submit an application.

Select "Work Share Plans" to change an existing plan.

Select "View Filed Claims" to view or dispute previous weeks claimed.

## Work Share Plans

Apply for Work Share or view and manage an existing Work Share plan.

> Apply for Work Share

> **Work Share Plans**

> View Filed Claims



The Work Share Plans panel shows all active and inactive Work Share Plans associated with the business' BIN.

Select "View Plan Employees" to view the Participant List for a specific plan.

Select "Update Work Plan" to edit the Participant List for a specific plan.

< More...

Work Plans

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Work Plans

View Active and Pending Plans

<b>Plan ID F9-7J32-6924</b> 03-Mar-2024 - 03-Mar-2025 Plan Approved on 05-Mar-2024	Plan Name Scranton Percentage of Work Reduction 20.00	Received 05-Mar-2024	<a href="#">View Plan Employees</a> <a href="#">Update Work Plan</a>
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< More...

Work Plans

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Work Plans

View Active and Pending Plans

<b>Plan ID F9-7J32-6924</b> 03-Mar-2024 - 03-Mar-2025 Plan Approved on 05-Mar-2024	Plan Name Scranton Percentage of Work Reduction 20.00	Received 05-Mar-2024	<a href="#">View Plan Employees</a> <a href="#">Update Work Plan</a>
--	--	-------------------------	---





Select Edit “Manage Participant list” from the list of options and select “Next” to continue.

< Work Plans

### Update Work Share

Contributions  
00598765-8  
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Introduction Choose Action

I Want To...

- Manage Participant List \*
- Edit Employer Representatives \*

Cancel < Previous **Next** >



Read the Introduction and select “Next” to continue.

< Work Plans

### Update Work Share

Contributions

00598765-8

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Introduction

#### Introduction

The Work Share program provides an alternative for employers and workers who may be facing a layoff situation. Work Share allows employers to reduce work hours for their employees by providing partial unemployment insurance benefits that supplement workers' reduced wages.

Cancel

< Previous

Next >



Use this list of participating employees to add, update, or remove employees as needed.

Select “Add Employees” to add employees to the Participant List.

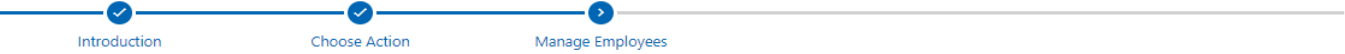
Select “Update” to make changes to existing participants, including updating employment from full-time to part-time.

Select “Remove” to update the list when an employee separates from the employer or requests to be removed from Work Share.



### Update Work Share

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO



#### Manage Employees

Below is the list of employees currently participating in this Work Share plan.

You may select the **Add Employee** link and fill out the fields to add additional employees to the plan. You may also manage existing employees clicking on the existing employee record or the edit button. You may then select **Update** or **Remove** to modify an employees information or remove them from the plan.

You can click the **Show Errors** hyperlink to see which employee records need reviewed before you can continue.

#### Participating Employees

[View All Employees](#)

	Social Security Num	Last Name	First Name	MI	Plan Commence	Plan Cease	New	Update	Remove
	***-**-4825	BEESLEY	PAM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-7462	HALPERT	JIM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-6468	HUDSON	STANLEY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2104	MALONE	KEVIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-4852	NUNEZ	OSCAR		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-1425	SCHRUTE	DWIGHT		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-3908	VANCE	PHYLLIS		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2255	SCOTT	MICHAEL		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-0548	PALMER	MEREDITH		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8754	MARTIN	ANGELA		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-5485	KAPOOR	KELLY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8510	HANNON	ERIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8755	FLENDERSON	TOBY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+ Add Employee

+ Add Employee

# Add Employee

To add an employee to the Participant List, select “+ Add Employee” at the bottom of the screen.



## Update Work Share

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Introduction

Choose Action

Manage Employees

### Manage Employees

Below is the list of employees currently participating in this Work Share plan.

You may select the **Add Employee** link and fill out the fields to add additional employees to the plan. You may also manage existing employees clicking on the existing employee record or the edit button. You may then select **Update** or **Remove** to modify an employees information or remove them from the plan.

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### Participating Employees

[View All Employees](#)

	Social Security Num	Last Name	First Name	MI	Plan Commence	Plan Cease	New	Update	Remove
	***-**-4825	BEESLEY	PAM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-7462	HALPERT	JIM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-6468	HUDSON	STANLEY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2104	MALONE	KEVIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-4852	NUNEZ	OSCAR		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-1425	SCHRUTE	DWIGHT		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-3908	VANCE	PHYLLIS		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2255	SCOTT	MICHAEL		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-0548	PALMER	MEREDITH		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8754	MARTIN	ANGELA		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-5485	KAPOOR	KELLY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8510	HANNON	ERIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8755	FLENDERSON	TOBY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+ Add Employee

+ Add Employee

Employee Information can be manually added on this screen.

“Current Hours” = number of hours the employee works during normal (not reduced) operations.

“Reduced Hours” = estimation of proposed reduced hours during a business slowdown.

Actual reductions may differ and do not require approval or updates to the Participant List.

After entering all required information, select “Add” to continue.



Employee Information

**Employee Information**

Social Security Number  
\*\*\*\_\*\*-6789

Last Name  
LEWIS

First Name  
GABE

Middle Initial

**Employment Information**

Date of Hire  
27-May-2024

Current Hours  
40.00

Proposed Reduced Hours  
32.00

Why is this person being added?  
Reduction in hours

What date is this employee being added?  
09-Jun-2024

Cancel Add

# Update Employee

To update the condition of employment, such as a permanent transition from full-time to part-time employment, select the “pencil” icon next to the employee's name.



## Update Work Share

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Introduction

Choose Action

Manage Employees

### Manage Employees

Below is the list of employees currently participating in this Work Share plan.

You may select the **Add Employee** link and fill out the fields to add additional employees to the plan. You may also manage existing employees clicking on the existing employee record or the edit button. You may then select **Update** or **Remove** to modify an employees information or remove them from the plan.

You can click the **Show Errors** hyperlink to see which employee records need reviewed before you can continue.

### Participating Employees

[View All Employees](#)

	Social Security Num	Last Name	First Name	MI	Plan Commence	Plan Cease	New	Update	Remove
	***-**-4825	BEESLEY	PAM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-7462	HALPERT	JIM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-6468	HUDSON	STANLEY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2104	MALONE	KEVIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-4852	NUNEZ	OSCAR		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-1425	SCHRUTE	DWIGHT		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-3908	VANCE	PHYLLIS		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2255	SCOTT	MICHAEL		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-0548	PALMER	MEREDITH		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8754	MARTIN	ANGELA		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-5485	KAPOOR	KELLY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8510	HANNON	ERIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8755	FLENDERSON	TOBY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+ Add Employee

+ Add Employee

To update the employee information, select “Would you like to update or remove this employee?” and choose “Update” from the dropdown menu.

Employee Information ? ×

**Employee Information**

Social Security Number  
\*\*\*-\*\*-8755

Last Name  
FLENDERSON

First Name  
TOBY

Middle Initial

Would you like to update or remove this employee?

Cancel OK



Employee Information can be added on this screen.

“Current Hours” = number of hours the employee works during normal (not reduced) operations.

“Reduced Hours” = estimation of proposed reduced hours during a business slowdown.

Actual reductions may differ and do not require approval or updates to the Participant List.

Select “OK” to continue.

Employee Information

**Employee Information**

Social Security Number  
\*\*\*-\*\*-8755

Last Name  
FLENDERSON

First Name  
TOBY

Middle Initial

Would you like to update or remove this employee?  
Update

**Employment Information**

Date of Hire  
31-Jan-2012

Current Hours  
40.00

Proposed Reduced Hours \*  
Required

Cancel OK





# Remove Employee

Select “Remove” to update the list when an employee separates from the employer or requests to be removed from Work Share.

To remove a claimant from the Participant List, select the “pencil” icon next to their name.



## Update Work Share

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO

Introduction

Choose Action

Manage Employees

### Manage Employees

Below is the list of employees currently participating in this Work Share plan.

You may select the **Add Employee** link and fill out the fields to add additional employees to the plan. You may also manage existing employees clicking on the existing employee record or the edit button. You may then select **Update** or **Remove** to modify an employees information or remove them from the plan.

You can click the **Show Errors** hyperlink to see which employee records need reviewed before you can continue.

### Participating Employees

[View All Employees](#)

	Social Security Num	Last Name	First Name	MI	Plan Commence	Plan Cease	New	Update	Remove
	***-**-4825	BEESLEY	PAM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-7462	HALPERT	JIM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-6468	HUDSON	STANLEY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2104	MALONE	KEVIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-4852	NUNEZ	OSCAR		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-1425	SCHRUTE	DWIGHT		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-3908	VANCE	PHYLLIS		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2255	SCOTT	MICHAEL		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-0548	PALMER	MEREDITH		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8754	MARTIN	ANGELA		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-5485	KAPOOR	KELLY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8510	HANNON	ERIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8755	FLENDERSON	TOBY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[+ Add Employee](#)

[+ Add Employee](#)

To remove the employee from the Participant List, select “Would you like to update or remove this employee?” and choose “Remove” from the dropdown menu.

Enter requested information on the conditions for removal.

Employee Information ? ×

**Employee Information**

Social Security Number  
\*\*\*-\*\*-8755

Last Name  
FLENDERSON

First Name  
TOBY

Middle Initial

Would you like to update or remove this employee?

Cancel **OK**



In the “Employee Removal” section, provide a reason for removal and whether the employee has separated from the employer. If the employee has separated, provide additional information, including the separation date and reason.

After providing the requested information, select “OK” to continue.

## Employee Information



### Employee Information

Social Security Number  
\*\*\*-\*\*-8755

Last Name  
FLENDERSON

First Name  
TOBY

Middle Initial

Would you like to update or remove this employee?  
Remove

### Employee Removal

Why is this person being removed?  
Toby is no longer employed with Dunder Mifflin

Has the employee separated?  
 Yes  No

Reason for Separation  
Voluntary Quit to move to Costa Rica

Date of Separation  
30-May-2024

Cancel

OK





### Manage Employees

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### Participating Employees

[View All Employees](#)

	Social Security Num	Last Name	First Name	MI	Plan Commence	Plan Cease	New	Update	Remove
	***-**-4825	BEESLEY	PAM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-7462	HALPERT	JIM		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-6468	HUDSON	STANLEY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2104	MALONE	KEVIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-4852	NUNEZ	OSCAR		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-1425	SCHRUTE	DWIGHT		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-3908	VANCE	PHYLLIS		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-2255	SCOTT	MICHAEL		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-0548	PALMER	MEREDITH		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8754	MARTIN	ANGELA		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-5485	KAPOOR	KELLY		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8510	HANNON	ERIN		03-Mar-2024		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	***-**-8755	FLENDERSON	TOBY		03-Mar-2024	01-Jun-2024	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	***-**-6789	LEWIS	GABE		09-Jun-2024		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ Add Employee									

+ Add Employee

Cancel

< Previous **Next** >

Participant List changes will be reflected in the checkboxes below the headings “New,” “Update,” and “Remove.”

After completing desired updates, select “Next” to continue.



Review the agreements and enter your name in the “Print Name” block.

Select “Submit” to complete the application.

< Work Plans

### Update Work Share

Contributions  
00598765-8  
DUNDER MIFFLIN PAPER CO



#### Submit

By submitting this form, I agree to abide by all state and federal unemployment laws and attest that all information provided on this application is true and correct.

By signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature. I further attest that I have signature authority with the named employer.

Print Name:

Cancel

< Previous

Submit

