



**Shared Work Continued Claim  
Waiting Week Certification**

(Instructions on second page)

Claimant name (print): \_\_\_\_\_ SSN \_\_\_\_\_

If your name has changed since you last certified, print your previous name: \_\_\_\_\_

<b>Part A – Employee Statement</b>	Waiting Week (Sunday Week Ending Date)
Enter the date and answer the questions for the week claimed:	
1. Did you work for anyone other than your Shared Work employer on any day in the week? (This includes self-employment.) If "Yes," complete "a" through "c." a. How many days did you work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more b. Excluding earnings from self-employment, did you earn more than \$504 during the week? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Are you still working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, complete the questions below. i. What was your last day of work with this employer? ___/___/___ ii. What is the reason you are no longer working for this employer? <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Lack of Work <input type="checkbox"/> Labor Dispute iii. Employer's name and address: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address (complete only if changed): \_\_\_\_\_

<b>Part B – Employer Statement</b>	
For the week claimed:	
1. Enter the percent of hours and wages that were reduced due to Shared Work. (Note: Vacation, holiday and sick pay are considered "employment" for the purpose of calculating the percent reduction. See second page for details.)	_____ %
2. Did the employee leave the company? If "Yes," please indicate the reason for separation and the employee's last day of work: <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Lack of Work <input type="checkbox"/> Labor Dispute Last day of work: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the employee refuse any work made available to him/her during the hours he/she was scheduled off due to Shared Work? If "Yes," number of days refused work: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you <b>permanently</b> shut down your company? If "Yes," what was the date the company was permanently closed: ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
Employer account no.	Employer name	Employer signature
98- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
Locator code (if any)	Date	Employer telephone number

## Shared Work Continued Claim Instructions

### Part A - Instructions to Employee

This form is used to claim Shared Work benefits during a week in which your normal hours of work were reduced according to a Shared Work Plan agreed to by your employer.

Complete Part A, "Employee Statement," on the other side of this form. New York Unemployment Insurance benefit weeks run from Monday through Sunday. Be sure to show the Sunday week ending date for the week you wish to claim in the space provided at the top of the form.

If your name has changed, print your correct name and your previous name in the space provided at the top of the form.

If you have changed your address, print your new address in the space provided below your signature. Be sure to include your zip code.

Return this form to your employer, who will complete Part B and send it to the Department of Labor for processing.

### Part B – Instructions to Employer

The purpose of this form is to confirm the status of employees you have listed in your Shared Work Plan.

The percent reduction is calculated by dividing the number of hours for which the employee was not paid due to work sharing by the number of hours normally worked in a week.

Shared Work benefits are not available for time that is paid for by the employer to the employee. That is, all time for which the employee receives compensation from the employer is considered "employment" for the purpose of calculating the percent reduction. This includes vacation, holiday and sick pay as well as payment for services performed.

Example: Employee's normal schedule is 40 hours a week, 8 hours a day. Employer is shut down on Friday due to Shared Work.

- a. Employee works Monday through Thursday: this is a 20% reduction.
- b. Employee works Monday through Wednesday, gets paid sick leave for Thursday, is off Friday due to shutdown: this is a 20% reduction.
- c. Employee works Monday through Thursday and gets holiday pay for Friday: this is a 0% reduction.

Give one form to each employee covered by your Shared Work Plan on the Monday following the latest Sunday week ending date on the reverse of the form, or as soon as possible thereafter if the employee is not working on Monday.

After the employee completes Part A and returns the form to you, complete Part B, "Employer Statement," and send it to: NYS Department of Labor, Unemployment Insurance Division, Attention - Shared Work, PO Box 621, Albany, N.Y. 12201-0621. Send it within seven (7) days of the latest week ending date shown on Part A. Mail the forms for all of your Shared Work employees together in one envelope, if possible.

If the employee completed Part A and wishes to claim the week, submit the form for our review and determination even though you protest payment. Include a statement explaining why you protest the payment.

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

**Online Processing:** Instead of mailing this form, you can also provide Shared Work benefit certifications online. Log into your Unemployment Insurance Online Services account and select "Employer Home," "Shared Work Home" and "Employer Weekly Certification." If you provide the information online, your Shared Work employees must also certify online at [www.labor.ny.gov](http://www.labor.ny.gov). Online certification is free and results in faster benefit payments.

If you have questions, contact the Shared Work Unit at (518) 485-6375.