

Oregon Work Share

WORKING TOGETHER TO SUPPORT EMPLOYMENT

The Oregon Employment Department is an equal opportunity program/employer. The following services are available free of cost upon request: Auxiliary aids or services and alternate formats to individuals with disabilities and language assistance to individuals with limited English proficiency. Ask one of our staff for more information.

Testimonial

“The Workshare program helped to support our goal to keep our team connected and compensated in a flexible way as we continued to respond to the changing restaurant industry landscape due to COVID 19 restrictions.”

Gillian Duff - El Gaucho of Portland

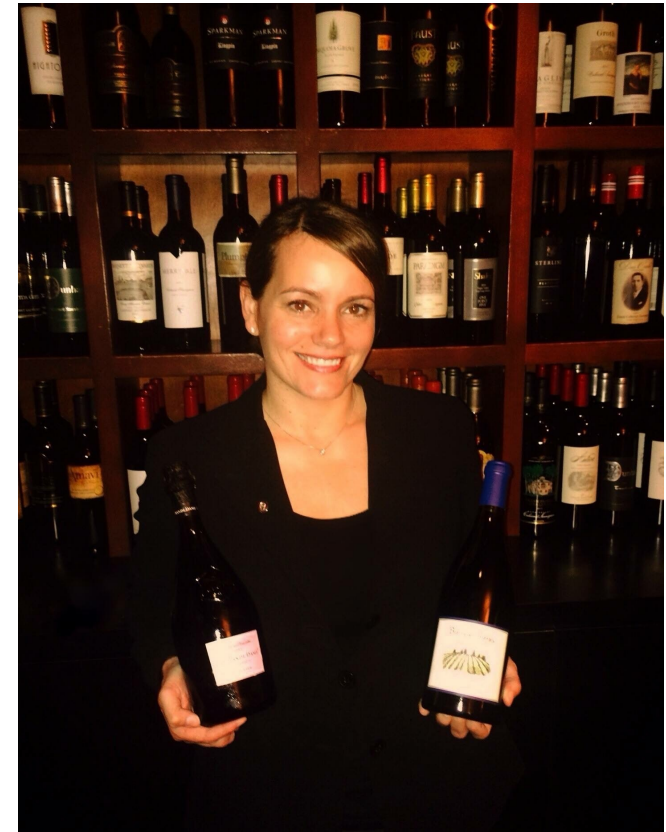


Table of Contents

- ✓ **Vision Statement**
- ✓ What is **Work Share**?
- ✓ Why **Choose Work Share**?
- ✓ Who is **Eligible**?
- ✓ Calculating your **Work Share Benefit Amount (WBA)**
- ✓ **Payroll Taxes Impact**
- ✓ How to **Apply**



Vision Statement



An Oregon where
meaningful work
enables the state's
diverse people and
businesses to realize
their **full potential**,
creating prosperity
in every community.

What is Work Share?



- **Preserves jobs**
- Unemployment **Compensation**
- **Reduces negative effects** of work reduction
- **Keeps work skills** during temporary business activity declines

What is Work Share? | Work and Receive Benefits

Example:

40 HOUR WORK WEEK = \$600

LAYOFFS 100% Unemployment Insurance (UI) = \$360									
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Unemployment Insurance Week Total = \$360

WORK SHARE 80% work week = \$480										+20% of U	
Unemployment Insurance (UI) = \$72											

Work Share Work Week Total = \$552



Testimonial

“...We live in an **ever-changing employment environment** where **the things** that **worked 50 years ago** may need **changing** or **updating** in order **to stay relevant** in **today's world**.

The Oregon Employment Department's decision to **implement new programs** with **new ideas** and **ways of doing things** like **Work Share, Training Assistance (TUI)...** **Self-Employment Assistance** and **On-the-Job Training (OJT) / Apprenticeship Program....**

The program **shows a commitment to improvement** and **change** that I **wish we saw** in all **government agencies!** ”

Matt VanSooy



Why Choose Work Share | Employer Advantages

Retain talent during temporary decline in business

- Keep **trained workers**
- **Maintain product/service** levels
- Valued, trained **workforce is available**
- **Avoid hiring/training** new employees
- **Maintain employee morale**
- **UI Tax Rate may be lower** than if employees totally laid off



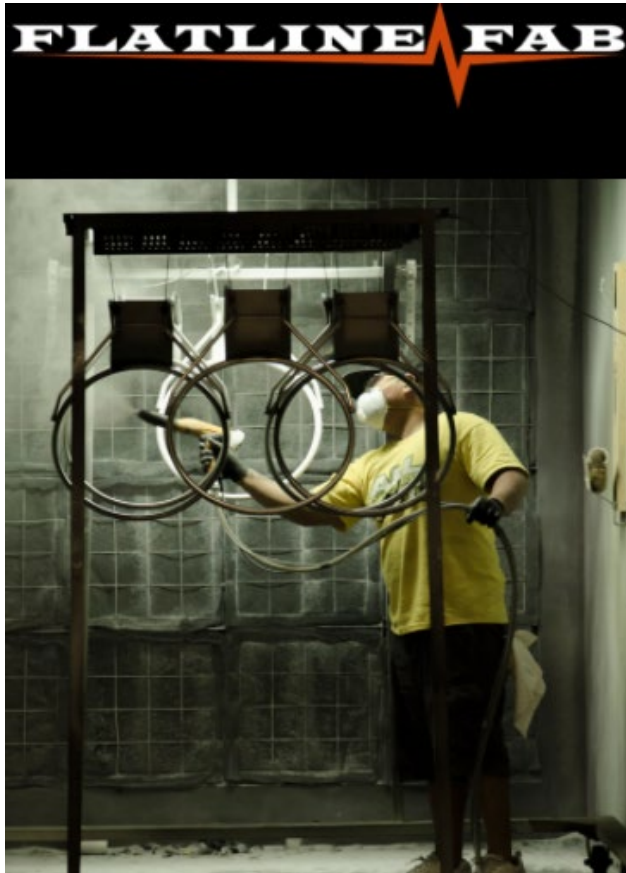
Why Choose Work Share | Employee Advantages

Stay employed during temporary decline in business

- **Continuous** employment
- **Maintain** skills
- **Work. Earn wages.**
Receive some UI benefits
- **Keep Health care** and
retirement benefits



Testimonial



We began utilizing the Workshare Oregon Program in an effort to keep our payroll down during this unpredictable and unprecedented time.

The Workshare Program has become a trusted resource for our company making it possible to remain successful in the industry as well as the great customer service we have received. Their knowledge and dedication, efficiency and quick response time to our needs has helped to provide us the solution we were looking for.

Maxx P.- Flatline Fabricators



Who is Eligible? Employers:

- With **3 or more employees**
- Employees **eligible for UI benefits**
- **WS plan lasts no more than 1 year**
- If employee isn't available to employer...
eligibility will be reviewed
→ This may result in a **delay**
or denial of payment



Who is eligible? Employees:

- **Hours reduced** at least 20% *and* not more than 40%
- **Fully available** for work
- **Worked continuously** for 6 months full-time, *or* 1 year part-time basis
- **Not a seasonal** worker



Who is Eligible

- Employees **CAN'T** apply for Work Share
- Employers apply with written plan



Calculating your Work Share Benefit Amount (WBA)

1. Your Wages +  × 1.25% = Weekly Benefit Amount (WBA)

Quarter	Period	Wages
(QTR 1)	Jan-Mar	\$11,180
(QTR 2)	Apr-Jun	\$11,180
(QTR 3)	Jul-Sep	\$15,657
(QTR 4)	Oct-Dec	\$12,249
(QTR 5)	Jan-Mar	\$12,249

Base Period Quarters

First 4 of the last 5 completed Quarters

2. Weekly Benefit Amount (WBA) × ↓20% = Work Share Weekly Benefit Amount

20% - 40% reduction



Testimonial

“**Sheldon Manufacturing** has relied on Workshare primarily for employee retention. **In many cases, we have employees who have been here for over 10, 15 or 20 years.**

They possess a tremendous amount of experience and skill that would be very difficult to replace if they were to leave.

Workshare enables these employees to work part time during periodic slowdowns, and still receive benefits for the part time missed.

Sheldon Manufacturing benefits by retaining these employees on its workforce.”

Patrick Boileau
Sheldon Manufacturing



How to Apply

Employers **complete application.**

Work Share plan:

- **# of participants**
- **Estimated # of layoffs averted**
- **Weekly hours and reduction percentage**
- **Expected start and end dates**



UI Tax Rate

Benefits paid under the Oregon Work Share plan are **charged** to an **employer's account** the **same way** as **regular UI benefits**.



Employer Responsibilities | Application

State of Oregon Employment Department		WORKSHARE OREGON		PROGRAM APPLICATION	
Please print or type the following information and complete all sections.					
1. Employer Information: a. Business Name: _____					
b. How did you learn about Work Share?		c. Industry: _____			
d. Mailing Address: _____		City: _____	State: _____	Zip Code: _____	
e. Physical Address (If different from mailing): _____		City: _____	State: _____	Zip Code: _____	
f. Business Identification Number (BIN): _____		Federal Employer Identification Number: _____			
2. Employer Representative: Please identify two representatives from your business to coordinate with Work Share Program Specialists for program enrollment and participation.					
a. Primary Employer Representative:			b. Alternate Employer Representative:		
Name: _____			Name: _____		
Job Title: _____			Job Title: _____		
Email: _____			Email: _____		
Phone: _____ Ext: _____			Phone: _____ Ext: _____		
Please note- by providing your email address you agree to receive emails from the Oregon Employment Department					
3 a. Requested plan start date (Must be a future Sunday): _____ (month/day/year) Plans expire after one year.					
b. Estimated number of employees affected: _____		c. How many layoffs will you avoid? _____			
d. Health or retirement benefits will not be affected if work hours are reduced to less than normal weekly hours. <small>Please Initial</small>					
e. Please describe how your business plans to implement the Work Share Program:					

Upload completed fillable form to”

f. How do you plan to notify your employees of the Work Share plan?	
4 a. Did you attend a Work Share Presentation?: <small>I'd like to</small> b. Was the presentation helpful? <small>N/A</small>	
5. Employer union-affiliation(s) information (if applicable): The employer's Work Share plan must be approved by the collective bargaining agent for each affected employee under a collective bargaining agreement.	
Union: _____ Local: _____	Union: _____ Local: _____
Authorized Union Rep. Name: _____	Authorized Union Rep. Name: _____
Phone: _____ Ext: _____	Phone: _____ Ext: _____
By signing below I approve the named employer applying for a Work Share Plan. I further attest that I have signature authority with the named union. If I am signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature.	By signing below I approve the named employer applying for a Work Share Plan. I further attest that I have signature authority with the named union. If I am signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature.
Signature: _____	Signature: _____
Date: _____	Date: _____

Forms | Submitting Your Plan

1. Go to www.oregonworkshare.org
2. Click **Contact Us Form** on right side of webpage

**Need Help?
Get in Touch.**



Program Specialists are here for you five days a week, 8 AM - 5 PM, Monday through Friday for confidential support.

Use the Contact us Form below to submit your program application, a requested document, or to contact us with questions about your plan or your claim as an employee.



Contact Us Form

Phone: (503)-947-1800
Toll Free: (800)-436-6191

Address:
Oregon Employment Department
PO Box 14518
Salem, OR 97309



Contact the Work Share Team

NOTICE:
Work Share claimants can continue using accrued leave after December 26, 2020. Until further notice, the deadline in temporary rule OAR 471-030-0036(3)(f)(A) does not apply.

I am an (pick one):

- ☐ Prospective Work Share Employers
- ☐ Employer Representative
- ☐ Employee

Social Security Number or BIN (If representing a business) *

Your Name or Name of Business

Employer representative name or n/a

3. Upload completed
**application AND
participant list**

Contact Us Form | Submitting an inquiry

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☐ Prospective Work Share Employers
☐ Employer Representative
☐ Employee

Social Security Number or BIN (if representing a business) *

Your Name or Name of Business

Employer representative name or n/a

E-mail Address

Contact Telephone Number *

How Can We Help? *
Please select one topic from the list below

☐ Uploading Issues Spreadsheet
☐ General Question
☐ My Claim
☐ New Program Application & Participant List
☐ Missing Payment
☐ Requested Documents
☐ Updating Participant List
☐ I Received a Letter from you
☐ Tax and Direct Deposit Forms
☐ Other


Issue Description *
780 character limit

File Attachments
If Filing a New Plan Application you MUST include your Participant List

file name

☐ Send me a copy of my responses

☐ Send me a copy of my responses

☐ I'm not a robot 
reCAPTCHA
[Privacy](#) - [Terms](#)

Powered by [Smartsheet Forms](#)
[Privacy Policy](#) | [Report Abuse](#)



Thank you!

Phone: 503-947-1800

