

What do I need to do to apply for benefits?

Under the Work Share Program, the employer's Human Resources Department acts as the Employment Department.

Step 1: Submit initial claim paperwork to HR. HR will submit claim paperwork to Employment Department.


Step 2: Submit timecards—weekly! HR will prepare and submit weekly claims To Employment Department.

Step 1: Submit Initial Claim (required)


State of Oregon Employment Department		WORKSHARE		INITIAL CLAIM FORM	
IMPORTANT: Please answer ALL questions completely. Failure to do so may result in denial of benefits.					
<ul style="list-style-type: none"> When a date is required, please provide the month, day and year in the following format: 01/01/2001 To complete your initial claim, you must add your signature and the date of signing. Once complete, return this form to your employer as soon as possible. 					
Social Security Number:		Name: (Last, First, MI)		Phone:	
Applicant's Mailing Address: (Street or P.O.)			City:	State:	Zip Code:
Ethnicity: (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Asian & Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				Date of Birth:	
Work Share Employer:		Phone:			
Work Address: (Street or P.O.)			Employment Start Date:		
City:	State:	Zip Code:	Job Title:		
In the last 18 months:			G. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 Months?		
A. Did you work for an agency of the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates employed: _____ to _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of service: _____ to _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Did you work for an employer in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the employer on the next page			If yes, who is your retirement with: _____		
D. Did you file a claim for benefits against any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state: _____			Amount per month: \$ _____		
E. Did you work as a professional athlete? <input type="checkbox"/> Yes <input type="checkbox"/> No			When did you last work with this employer: _____		
F. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you legally work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your work authorization number: _____					
H. Do you require information in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your primary language: _____					
For Office Use Only					
Plan #:		Date Received:			
Current Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Examiner:			
Application: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Date of Review:			
If denied, reason for denial: _____					
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Please list all of your Employers for the past two (2) years. Include temporary or employee leasing agencies, employers in and outside the USA, the federal government and the military. To list more employers, use a separate piece of paper and attach it to this form. This information will be verified with your employer(s).		
First Most Recent Employer: Phone: _____ Address: (Street or P.O.) _____ City: _____ State: _____ ZIP: _____ Job Title: _____		I worked for this employer from: _____ to: _____ Check One: <input type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended Total (gross) earnings in above period of work: \$ _____ Rate of pay: \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
Second Most Recent Employer: Phone: _____ Address: (Street or P.O.) _____ City: _____ State: _____ ZIP: _____ Job Title: _____		I worked for this employer from: _____ to: _____ Check One: <input type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended Total (gross) earnings in above period of work: \$ _____ Rate of pay: \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
Third Most Recent Employer: Phone: _____ Address: (Street or P.O.) _____ City: _____ State: _____ ZIP: _____ Job Title: _____		I worked for this employer from: _____ to: _____ Check One: <input type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended Total gross earnings in above period of work: \$ _____ Rate of pay: \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States. I understand the questions I have been asked and my answers are true to the best of my knowledge. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits. By submitting this application, I hereby request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provide for administering unemployment insurance. Following this signed Initial Claim form, I understand and authorize my employer to submit Weekly Claim Certification forms on my behalf. I understand I am also responsible for communicating with my employer and the Oregon Employment Department of any changes to my status. I understand that failure to communicate status changes can result in a delay or denial of benefits. I further understand that any overpayment or misinformation is my responsibility. I understand that I can check the status of my claim by calling the Unemployment Insurance (UI) Special Programs Center at the number listed below. <input type="checkbox"/> By checking this box, I certify that I understand that it is my responsibility to know the information in both the Claimant and Work Share Handbooks. These handbooks can be found at www.OregonWorkShare.org . **By signing this form electronically, I understand that this electronic signature has the same meaning and validity as my handwritten signature.		
Signature: _____ Date: _____ Oregon Employment Department • Attn: UI Special Programs Center • PO Box 34518 • Salem, Oregon • 97309 Phone: (503) 947-3800 • Fax: (503) 947-3833 • OEUI_workshare@oregon.gov		
<small>The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, and alternate formats are available to individuals with disabilities and language barriers to individuals with limited English proficiency. For additional information, call 1-800-541-7262. TDD: 503-947-3800. For more information, visit www.oregon.gov/oeui. El Departamento de Empleo de Oregon es un programa anti discriminación. Se ofrecen servicios de asistencia para personas con discapacidades y personas con limitado dominio del inglés. Para más información, llame al 1-800-541-7262 o visite www.oregon.gov/oeui. Discrimination: If you send this form via email, it may not be secure. If you do not utilize email encryption software we advise you contact the UI Special Programs Center at (503) 947-3800 or (503) 436-6391 to sign up with our secure email server. By clicking the submit button you acknowledge that you are responsible for ensuring the protection of the personally identifiable information included in this email.</small>		
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Step 1: Submit Authorization for Tax Withholding (required)

		TAX LIABILITY UNEMPLOYMENT INSURANCE	
<p>Any unemployment benefits you receive are fully taxable if you are required to file a tax return. You may need to make estimated tax payments. For more tax information consult IRS publication 505, "Tax Withholding and Estimated Tax", and the Oregon Department of Revenue.</p> <p>At the end of January each year, the Employment Department will mail you a Form 1099-G, Statement for Recipients of Unemployment Compensation. Form 1099-G tells you how much you received in benefits last year. We also send a copy to the Internal Revenue Service and the State Department of Revenue. If you received benefits from a state other than Oregon, the other state also will send you a Form 1099-G.</p> <p>We send your 1099-G statement to the last address we have on file for you. Please notify us in writing of your address change, even if you stopped reporting on your claim. If you do not receive your statement by the second week of February, notify your nearest Employment Department office. If you have questions about your taxes, contact the Internal Revenue Service, State Department of Revenue or a tax consultant.</p> <p>You may have the Employment Department withhold state and federal income taxes from any unemployment benefits paid starting on January 1, 1997. You may change your withholding status in writing at any time. If you choose to have taxes withheld, your 1099-G will include the amount withheld during the preceding calendar year.</p>			
<p><i>Please return this form to the Employment Department by mail or fax.</i> P.O. Box 14135 • Salem, Oregon • 97309-5068 Fax: 503-947-1335</p>			
AUTHORIZATION for TAX WITHHOLDING			
Name (Please print)		Social Security Number:	Benefit Year ending date:
<input type="text"/>		<input type="text"/>	<input type="text"/>
START I authorize the State of Oregon Employment Department to start withholding:			
<input type="checkbox"/> 10% of my unemployment benefits for federal income taxes.			
<input type="checkbox"/> 6% of my unemployment benefits for state income taxes.			
STOP I authorize the State of Oregon Employment Department to stop withholding:			
<input type="checkbox"/> 10% of my unemployment benefits for federal income taxes.			
<input type="checkbox"/> 6% of my unemployment benefits for state income taxes.			
<p>*I understand that my election to discontinue withholding will remain in effect until I submit to the Employment Department a signed request that withholding be restarted. I understand that benefits previously withheld for taxes will not be refunded to me by the Employment Department. I understand, and acknowledge that I am signing this form electronically. I understand that this electronic signature has the same meaning and validity as my handwritten signature. I understand that this authorization will override any previous authorization.</p>			
Your Signature: <input type="text"/>		Today's Date: <input type="text"/>	

Step 1: Submit Authorization for Electronic Deposit (optional)

 **Authorization for Electronic Deposit**

Instructions:

Please print your name, Social Security Number, and financial institution on the top lines. Fill in your financial institution's branch address, city, state, zip code, and the telephone number of the branch you use. Check the box that tells us what to do (start or terminate electronic deposit). Mark the box to tell us into which account (checking or savings), you want your benefit payment deposited.

If you want your benefits deposited in your checking account, include a voided check (write "VOID" across the check). Fill in your account and bank routing numbers. If you want your benefits deposited in your savings account, include a voided deposit slip (write "VOID" across the deposit slip).

Sign and date the completed form. If mailing, put the completed form (along with your voided check or deposit slip) into an envelope with first class postage.

Please mail or fax this form with a voided check or deposit slip to:

***Please note that signing this form electronically has the same meaning and validity as your handwritten signature.**

Oregon Employment Department
Electronic Deposit Unit-Rm 105
875 Union St. NE
Salem, Or 97311
Fax: (503) 947-1335

Authorization for Electronic Deposit Start Terminate

Name: (Please Print) Social Security Number: _____ BYE: _____

Financial Institution: Branch Phone: _____

Address of Your Branch: City, State, Zip Code: _____

I authorize the State of Oregon Employment Department to electronically deposit weekly payment in the above named financial institution. I authorize the above named institution to accept and distribute said funds in the matter designated by me.

Checking Savings Bank Routing Number: _____
 Savings Account Number: _____

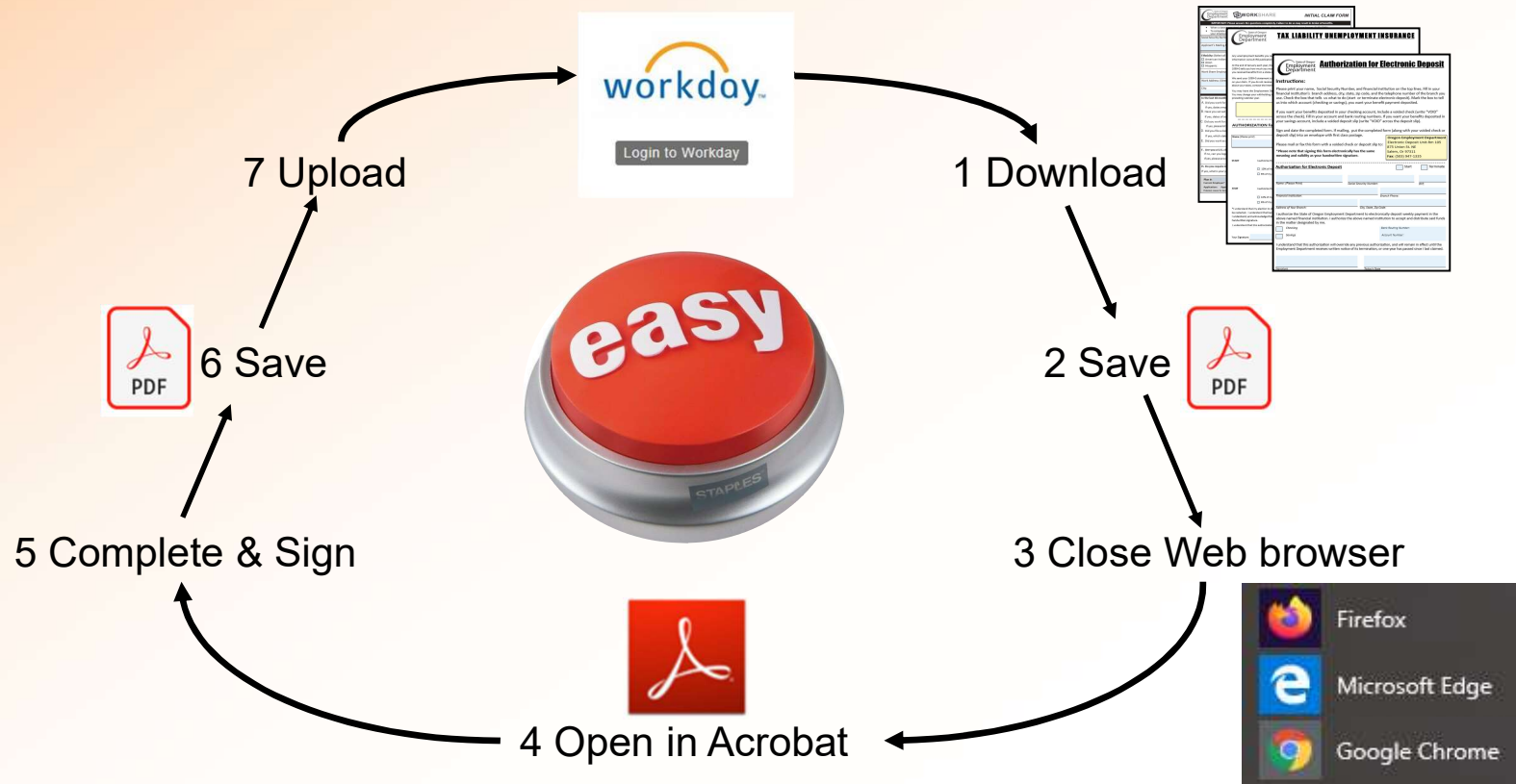
I understand that this authorization will override any previous authorization, and will remain in effect until the Employment Department receives written notice of its termination, or one year has passed since I last claimed.

Signature Today's Date _____

Tools & Resources

- This presentation on HR website
- Step-by-step instructions on HR website
- Training sessions
- Email: hr@lclark.edu
- Phone: 503-768-6235

Lucky #7: Completing & Submitting Forms



Step 2: Submit Timecards—Weekly!

Salaried Employees:

- FTE will have been automatically reduced—you **do not** need to input leave for furloughed day(s)
- Must input and submit vacation/sick leave no later than 5:00 p.m. **every** Friday

Step 2: Submit Timecards—Weekly!

Hourly Employees:

- Must input and submit worked time, vacation and/or sick leave no later than 5:00 p.m. **every** Friday (Saturday)
- Supervisors must approve no later than 9:00 a.m. **every** Monday

This is very important. You will not receive unemployment benefits!

Questions?

If you have a question that has not been addressed, please use the Q&A button at the bottom of the Zoom screen.

We will try to answer questions that we don't think we've covered. If your question is specific to your situation, please contact us directly.

Thank You.

Please stay safe and healthy.

Lewis & Clark

