Employment Security Department
WASHINGTON STATE

SharedWork
ADDITIONAL EMPLOYEE LIST PAGES

Submit this form with the SharedWork Employer Plan Application by fax to 800-701-7754 or upload at SharedWork upload
Questions? Call 800-752-2500

Use this form when more employee list pages are needed with the SharedWork Employer Plan Application.

Please print or type.

Company name and location	Employment Security Department (ESD) number Example (XXXXXX-XX)	Today's date

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only
Example: John	Doe	XXXXXXXXX	12/12/1997	40	22.10	Boilermakers	

Rev 10/2018

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only

Employee first name	Employee last name	Employee Social Security number	Date of hire MM/DD/YYYY	Usual weekly hours worked before reduction	Hourly rate of pay	Associated union	Agency use only