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.

Employer name and location:	Employment Security Department (ESD) number:	Today's date: MM/DD/YYYY

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	

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

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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

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The Employment Security Department is an equal opportunity employer/programs. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711