Employment Security Department WASHINGTON STATE

SharedWork PARTICIPANT REMOVAL

Submit this form by fax to 800-701-7754

or upload at SharedWork upload Questions? Call 800-752-2500

Use this form to remove a participant from your SharedWork plan who:

- Are no longer working for your company, or
- No longer want to participate in SharedWork, or
- You no longer want on your SharedWork plan.

Return this completed form and any documents related to employees' employment status change within 10 working days. If you don't:

- We could revoke your SharedWork plan (laws that apply are **RCW 50.60.070** and **WAC 192-250-030**), and
- We might make a decision about benefits based on incomplete information, and
- You might not be eligible for relief of benefit charges.

Please print or type.						
Employer name:	Employment Security Department (ESD) number:	Today's date:				
	This number can be found on your ESD tax statement.	MM/DD/YYYY				

By signing below, I certify that I am authorized to sign this document of behalf of the employer and that all information on this form is true and correct.

Signature:				Phone:	
Employee name	Employe Security 1			Reason for separation: Quit (Q), Fired (F), Retired (R), Laid off (LO), Employer request (ER), Participant request (PR), Leave of absence (LOA)	Month, day and year of separation, status change or removal from plan
Example: John, Doe	XXX	XX	XXXX	Q	07/07/2023

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 32-974, EMS 10422