Employment Security Department
WASHINGTON STATE
Print or type all information.

SharedWork
WEEKLY CLAIM CORRECTION
Submit by fax to: 800-301-1796
Questions? Call 800-752-2500 option 1

Use this form to make a correction to an employee's weekly claim.

When an employee participating in SharedWork certifies eligibility for benefits, we pay based on that certification. The employer representative is responsible for verifying the information contained on the SharedWork payments report and reporting any differences in writing. (See WAC 192-250-025 (6))

Review the SharedWork payment reports and report *any difference* in hours and/or gross earnings previously reported. Complete, sign and return this form within 10 working days, with any documents related to employee's earnings and hours.

Provide the correct number of paid hours and/or gross earnings in section 2.
When applicable, include any UNPAID leave information in section 3.

Company name:_____

ESD number *(Find this number on your ESD tax statement)*:_____

Employee name:_____ Social Security number:_____

1. What claim week is in question? *Week ending in* *(Claim weeks run Sunday through midnight Saturday)*: _____

2. **DIFFERENCE** in what your employee reported compared to your payroll records, provide the correct number of hours and earnings below:

Worked	**Sick pay**	**Holiday pay**	**Vacation pay**	
Hours:	Hours:	Hours:	Hours:	Total PAID HOURS this week:
Earnings:	Earnings:	Earnings:	Earnings:	Total GROSS WAGES this week:

3. **UNPAID LEAVE:** If your employee was not available for all work offered, what days and hours were unpaid? This section is only to be filled out if the employee had unpaid leave hours.

Total hours of unpaid leave for each day							
Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total unpaid leave hours this week:

Reason for unpaid leave this week: _____

Submit via fax with both employee and employer representative signatures to 800-301-1796. Incomplete forms will be returned.

SHAREDWORK PARTICIPATING EMPLOYEE: You may have been overpaid for the week identified above if you reported hours worked and earnings that were less than what your employer reported or you were not available for all work offered. You have the right to an interview if you don't agree with your employer's report. If you want an interview, check the "I do not agree" box below and a SharedWork specialist will call you.

- ☐ I agree with the information my employer reported. I understand if I was overpaid I am liable for repayment.
- ☐ I do not agree with the information my employer reported and request an interview.

Signature:_____ Date:_____

EMPLOYER REPRESENTATIVE: The information I have provided is true to the best of my knowledge.

Signature:_____ Title:_____

Phone:_____ Date:_____

The Employment Security Department is an equal opportunity employer/program. 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