



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

**SHARED-WORK WEEKLY
CERTIFICATION**

Employer name:	Plan number:
Contact person:	Certification for week ending:

For additional instructions, see back. Return this completed certification through the secure file transfer protocol (FTP) at <https://sharedwork.dli.pa.gov/swupload>. This form must not be sent prior to the Sunday after the week-ending date of the week being certified.

Social Security Number		Last Name	Employee Hours Paid (including any additional hours paid such as PTO, or holiday hours)	Unpaid Hours/ Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Notes: If your employees had hours that varied from the approved plan, please explain each employee.

I certify that the information I have provided in this document is correct and complete to the best of my knowledge and belief. I acknowledge that false statements in this document are punishable pursuant to 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Employer Name (printed)

Title

Date

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

Instructions for Completion

The number of hours paid to your employees must match the number of hours in your approved Shared-Work plan.

1. In the “Employee Hours Paid” column, report the hours each employee was paid from Sunday through Saturday of the week being filed. In the same column, include any hours that were paid for time off.
2. Unpaid time off should not be included in the “Employee Hours Paid” column but should be indicated in the “Unpaid Hours/Notes” column. (See examples below).
3. If an employee in the plan is paid more or less than the number of hours in your plan, it must be explained in either the “Unpaid Hours/Notes” column or in the “Notes: If your employees had hours that varied from the approved plan...” section on page 1 of this form. (Please include additional pages if needed).

NOTE: If the number of hours your employee(s) were paid in a week differs from your plan hours, it is possible that your employee(s) may not be paid benefits that week.

EXAMPLE of a Weekly Certification for a 32-hour Shared-Work plan SHARED-WORK WEEKLY CERTIFICATION

	Social Security Number	Last Name	Employee Hours Paid (including any additional hours paid such as PTO or holiday hours)	Unpaid Hours/ Notes
1.	123-45-6789	Jones	32	
2.	234-56-8799	Smith	24	9/5 took off work for 8 hours, unpaid
3.	987-654-321	Thomas	30	9/6 had an unexcused 2-hour lateness
4.	345-678-912	Johnson	24	9/7 took 8 hours vacation pay