pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

SHARED-WORK PLAN BIWEEKLY CLAIM FORM-EMPLOYER

Employer name:	Plan number:
Contact person:	Telephone number:
Email address:	Telephone extension:

Return completed biweekly form through the Shared-Work file transfer protocol (FTP) at https://sharedwork.dli.pa.gov/swupload.
This FTP is a secure method of transmission and facilitates timely UC processing.

1. This form cannot be sent until the Sunday after the last week being filed. List the week-ending dates being filed in the WEEK 1 and WEEK 2 areas. Each week must begin on Sunday and end on Saturday.

2. Fill in the number of hours the employee worked in each week. If the employee will be paid for time off *for any reason*, **include** those hours. Unpaid time off should not be included in the Hours Worked total, but should be indicated in the notes column. See example.

3. Hours worked must match your plan's approved hours. If an employee in the plan is working more or less than the reduction percentage, explain in either the notes column or on page 2 of this form. Please include additional pages, if needed.

NOTE: If you provide hours that differ from your plan hours by one hour, your employee may not be paid.

EXAMPLE for a 32-hour Shared-Work plan

Social Security No.	Last Name	Hours Worked including any additional hours paid such as holiday hours		
		9/5/20	9/12/20	Notes
123-45-6789	Jones	32 (this week will be paid)	40 (this week will NOT be paid)	9/12 includes holiday pay
234-56-8799	Smith	24 (this week will be paid @32 hours)	32 (this week will be paid)	9/5 took off work for 8 hours, unpaid

BIWEEKLY CLAIM

Social Security Number		Last Name	Hours Worked including any additional hours paid such as holiday hours		Notes
			WEEK 1	WEEK 2	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Social Security Number		Last Name	Hours Worked including any additional hours paid such as holiday hours		Notes
			WEEK 1	WEEK 2	
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

If your workers had hours that varied from the plan, please explain.

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

A person who knowingly makes a false statement or knowingly withholds information to obtain UC benefits commits a criminal offense under section 801 of the UC Law, 43 P.S. 871, and may be subject to a fine, imprisonment, restitution and loss of future benefits.

Employer Name (printed) / Title Date

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