



**SHARED-WORK PLAN
BIWEEKLY CLAIM FORM-EMPLOYER**

Employer name:	Plan number:
Telephone number:	Fax number:
Contact person:	Email:

Refer to Instructions on Page 2 of this form.

Social Security No.	Name	Hours Paid	
		Week 1: <u> </u> / <u> </u> / <u> </u> MM/DD/YYYY	Week 2: <u> </u> / <u> </u> / <u> </u> MM/DD/YYYY

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.

_____/_____
Employer Signature Title Date

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.

Instructions:

To file two consecutive weeks of Shared-Work UC claims for participating employees, complete this form (in black ink) after the second claim week ends. Once you have signed and dated this claim form, send it to the office address shown below within seven days of the end of the second week.

A claim week begins on Sunday and ends on Saturday, regardless of your pay period or work schedule. Write the week-ending dates of the weeks for which you are filing in the WEEK 1 and WEEK 2 areas on the front of this form.

List the number of hours the employee was paid for each claim week. If the employee was paid for time off for any reason, **include** those hours. **Do not include** unpaid time off. If you need additional space, please complete additional copies of this form.

Below are examples showing when to submit the form.

Filing Two Consecutive Weeks		
Week 1 Ending Date	Week 2 Ending Date	Mail The Claim Form
1/9/2016	1/16/2016	1/17 - 1/23/2016

Return completed biweekly form to:

Office of UC Benefits Policy
ATTN: Shared-Work
651 Boas St., Room 610
Harrisburg, PA 17121
sharedwork@pa.gov
Fax: 717-772-0344

Please be advised that the department cannot guarantee the security of personally identifiable information submitted via unsecured means such as: fax or unencrypted email systems.