

**SHARED-WORK WEEKLY  
CERTIFICATION**

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

**This form must not be sent until the Sunday after the week-ending date of the week being certified.  
For additional instructions, see back.**

Return this completed certification 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.

**CERTIFICATION FOR WEEK ENDING (This must be a Saturday):**

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

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

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

## Instructions for Completion

1. In the “Employee Hours Paid” column, report the hours each employee was paid from Sunday through Saturday of the week being filed.
2. In the same column, include any hours that were paid for time off. Unpaid time off should not be included in the “Hours Worked” column but should be indicated in the “Unpaid time off/Notes” column. (See example below). The number of hours paid to your employees must match the number of hours in your approved Shared-Work plan.
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 time off/Notes” column or in the “If your employees had hours that varied from the 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, by as little as one hour, it is possible that your employee(s) may not be paid their shared work benefits that differ from the plan.**

### 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 holiday hours)	Unpaid time off/Notes
1.	123-45-6789	Jones	32	
2.	234-56-8799	Smith	24	9/5 took off work for 8 hours, unpaid