

Work share application instructions

Updated June 3, 2020



BEFORE YOU BEGIN

Confirm you have Adobe Reader installed

Contact the help desk to download the application, helpdesk@oregonmetro.gov or 503-797-1722.

Download and save forms

- Visit oregonmetro.gov/workshare
- Click on the Initial claim form, direct deposit and withholding forms at the bottom of the page to open. Save the form to your computer. Information will not be saved if you fill it out online.
- Download and save the Schedule preference form.

Use this format when naming files:

LAST NAME_FIRST NAME_Initial claim form

LAST NAME_FIRST NAME_Direct deposit

LAST NAME_FIRST NAME_Withholding

LAST NAME_FIRST NAME_Schedule form

Contact any of these staff if you have questions about Work Share or filling out application forms.

Department	Coordinators	Upload URL
Capital Asset Management	Emily Puro, Jennie Spencer	https://oregonmetro.sharefile.com/r-rd5ddd9605c14d0c8
Communications	Amanda Lopez, Jason Meyer	https://oregonmetro.sharefile.com/r-r44f7786fe9944cf8
Finance and Regulatory Services	Liz Scott, Somer Erickson, Emily Puro, Jennie Spencer	https://oregonmetro.sharefile.com/r-r339da3b76164407a
Information Services	Amy Padilla, Craig Seeger, Amanda Lopez, Jason Meyer	https://oregonmetro.sharefile.com/r-r9d37bca460d4e4a9
Oregon Convention Center	Stacy Coonfield, Janet Lee, Jennie Spencer	https://oregonmetro.sharefile.com/r-rc317f86946642719
Planning and Development	Elissa Gertler, Janet Lee, Jennie Spencer	https://oregonmetro.sharefile.com/r-rb806ce1cbdb44798
Research Center	Janet Lee, Jennie Spencer	https://oregonmetro.sharefile.com/r-r7b9cbd7f7d646dbb
Expo Center	Matthew Rotchford, Amanda Lopez, Jennie Spencer	https://oregonmetro.sharefile.com/r-r47cd5569a484b6b8
Parks and Nature Areas	Linda Lechler, Marybeth Haliski, Melissa Weber, Amanda Lopez, Jason Meyer	https://oregonmetro.sharefile.com/r-rf0872547616489e8
Portland's 5 Centers for the Arts	Jeannie Baker, Amanda Lopez, Jennie Spencer	https://oregonmetro.sharefile.com/r-r7798d6b78a24015b
Oregon Zoo	Lori Ford, Sarah Keane, Emily Puro, Jason Meyer	https://oregonmetro.sharefile.com/r-r4dd2c89eee74b70a

COMPLETE THE FORMS

Step 1: Complete the Initial Claim form

Step 2: Complete direct deposit form



Step 3: Complete tax withholding forms

Upload the complete form to the secure file location provided below for your department.

Step 4: Complete the schedule preference form.

Provide your preferred, weekly schedule reduction days or hours off and email to your supervisor. Instructions are on page 6 of this document. They will approve and provide to the Kronos help desk to enter your Work Share schedule into your timesheet. Do not upload it to the secure site.

STEP 1: Initial claim form

 		INITIAL CLAIM FORM	
IMPORTANT: Please answer ALL questions completely. Failure to do so may result in denial of benefits.			
<ul style="list-style-type: none"> When a date is required, please provide the month, day and year in the following format: 01/01/2001 To complete your initial claim, you must add your signature and the date of signing. Once complete, return this form to your employer as soon as possible. 			
Social Security Number:	Name: (Last, First, MI)	Phone:	
Applicant's Mailing Address: (Street or P.O.)		City:	State: Zip Code:
Ethnicity: (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> Asian & Pacific Islander <input type="checkbox"/> Other			Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Work Share Employer: Metro		Phone: 503-797-1700	
Work Address: (Street or P.O.) 600 NE Grand Ave		Employment Start Date:	
City: Portland	State: OR	Zip Code: 97232	Job Title:
In the last 18 months:		G. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Did you work for an agency of the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates employed: _____ to _____		If yes, who is your retirement with: _____ Amount per month: \$ _____ When did you last work with this employer: _____	
B. Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of service: _____ to _____			
C. Did you work for an employer in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the employer on the next page			
D. Did you file a claim for benefits against any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state: _____			
E. Did you work as a professional athlete? <input type="checkbox"/> Yes <input type="checkbox"/> No			
F. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you legally work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your work authorization number: _____		Metro is not part of the federal government. Mark yes only if you have another job with a federal agency.	
H. Do you require information in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your primary language: _____			
Plan #: Current Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Received: _____	
Application: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Examiner: _____	
If denied, reason for denial: _____		Date of Review: _____	

Employee information

Metro information (pre-filled)

Start date at Metro Provided by HR or department coordinators.

Current classification

Metro is not part of the federal government. Mark yes only if you have another job with a federal agency.

STEP 1: Initial claim form

Please list all of your Employers for the past two (2) years. Include temporary or employee leasing agencies, employers in and outside the USA, the federal government and the military. To list more employers, use a separate piece of paper and attach it to this form. This information will be verified with your employer(s).

First Most Recent Employer: _____ Phone: _____ Address: (Street or P.O.) _____ City: _____ State _____ ZIP _____ Job Title: _____	I worked for this employer from: _____ to: _____ Check One: <input checked="" type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended Total (gross) earnings in above period of work: \$ _____ Rate of pay: \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
Second Most Recent Employer: _____ Phone: _____ Address: (Street or P.O.) _____ City: _____ State _____ ZIP _____ Job Title: _____	I worked for this employer from: _____ to: _____ Check One: <input type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended Total (gross) earnings in above period of work: \$ _____ Rate of pay: \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
Third Most Recent Employer: _____ Phone: _____ Address: (Street or P.O.): _____ City: _____ State _____ ZIP _____ Job Title: _____	I worked for this employer from: _____ to: _____ Check One: <input type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended Total gross earnings in above period of work: \$ _____ Rate of pay: \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR

Metro employment info
 Enter Metro as your most recent employer, include start date. Leave end date blank or enter "current".

Check "still working"

Enter the annual wage information provided from Human Resources. See notes below. If you cannot locate that amount contact one of your department Work Share coordinators.

If you have worked at Metro for less than two years, enter previous employers for last two years to June 2018.

Enter hourly or annual pay rates. No need to calculate total gross wages. If you do not remember your exact rate, estimate as closely as possible.

Confirm agreement.

Provide digital signature. Follow these steps to create your Adobe digital signature.

[Adobe tutorial here](#)

I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States. I understand the questions I have been asked and my answers are true to the best of my knowledge. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits. By submitting this application, I hereby request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provide for administering unemployment insurance. Following this signed Initial Claim form, I understand and authorize my employer to submit Weekly Claim Certification forms on my behalf. I understand I am also responsible for communicating with my employer and the Oregon Employment Department of any changes to my status. I understand that failure to communicate status changes can result in a delay or denial of benefits. I further understand that any overpayment or misinformation is my responsibility. I understand that I can check the status of my claim by calling the Unemployment Insurance (UI) Special Programs Center at the number listed below.

By checking this box, I certify that I understand that it is my responsibility to know the information in both the Claimant and Work Share Handbooks. These handbooks can be found at www.OregonWorkShare.org

**By signing this form electronically, I understand that this electronic signature has the same meaning and validity as my handwritten signature.

Signature: _____ Date: _____

Oregon Employment Department • Attn: UI Special Programs Center • PO Box 14518 • Salem, Oregon • 97309
 Phone: (503) 947-1800 • Fax: (503) 947-1833 • ucd-workshare@oregon.gov

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, and alternate formats are available to individuals with disabilities and language services to individuals with limited English proficiency free of cost upon request. TTY/TDD-dial 7-1-1 toll free relay service. Access free online relay service at: www.sprintrrelayonline.com.

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos para personas con conocimiento limitado del Inglés, a pedido y sin costo. Llame al 7-1-1 para asistencia gratuita TTY/TDD para personas con dificultades auditivas. Obtenga acceso gratis en Internet por medio del siguiente sitio: www.sprintrrelayonline.com.

Disclaimer: If you send this form via email, it may not be secure. If you do not utilize email encryption software we advise you contact the UI Special Program Center at (503) 947-1800 or (800) 436-6191 to sign up with our secure email server. By clicking the submit button you acknowledge that you are responsible for ensuring the protection of the personally identifiable information included in this email.

STEP 2: Direct deposit authorization

Complete this page to have your weekly unemployment compensation payments directly deposited to your bank account.



Authorization for Electronic Deposit

Instructions:

Please print your name, Social Security Number, and financial institution on the top lines. Fill in your financial institution's branch address, city, state, zip code, and the telephone number of the branch you use. Check the box that tells us what to do (start or terminate electronic deposit). Mark the box to tell us into which account (checking or savings), you want your benefit payment deposited.

If you want your benefits deposited in your checking account, include a voided check (write "VOID" across the check). Fill in your account and bank routing numbers. If you want your benefits deposited in your savings account, include a voided deposit slip (write "VOID" across the deposit slip).

Sign and date the completed form. If mailing, put the completed form (along with your voided check or deposit slip) into an envelope with first class postage.

Please mail or fax this form with a voided check or deposit slip to:

Oregon Employment Department
Electronic Deposit Unit-Rm 105
875 Union St. NE
Salem, Or 97311
Fax: (503) 947-1335

***Please note that signing this form electronically has the same meaning and validity as your handwritten signature.**

Authorization for Electronic Deposit

Start Terminate

Check the "start" box.

Name: (Please Print) _____ Social Security Number: _____ 2020
BYE: _____
Financial institution: _____ Branch Phone: _____
Address of Your Branch: _____ City, State, Zip Code: _____

Personal information and bank name, branch phone and address.

I authorize the State of Oregon Employment Department to electronically deposit weekly payment in the above named financial institution. I authorize the above named institution to accept and distribute said funds in the matter designated by me.

Checking
 Savings

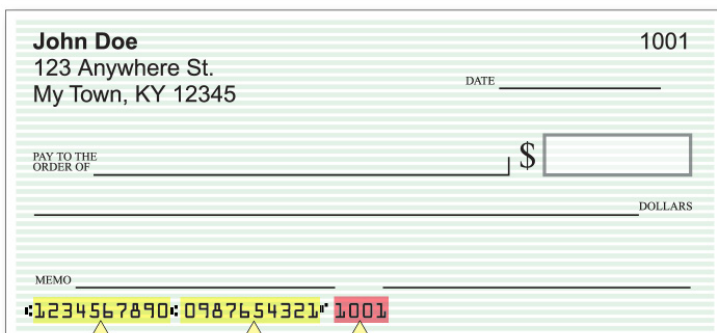
Bank Routing Number: _____
Account Number: _____

Enter bank routing number and account number. See below on how to locate this information from a check or contact your bank for this information.

I understand that this authorization will override any previous authorization, and will remain in effect until the Employment Department receives written notice of its termination, or one year has passed since I last claimed.

Signature _____ Today's Date _____

Sign electronically and date



Locating your bank routing number and account number.

Routing Number Account Number Check No.

STEP 3: Tax withholding

Unemployment compensation payments are taxable income.
Complete this page to have taxes withheld from payments.



TAX LIABILITY UNEMPLOYMENT INSURANCE

Any unemployment benefits you receive are fully taxable if you are required to file a tax return. You may need to make estimated tax payments. For more tax information consult IRS publication 505, "Tax Withholding and Estimated Tax", and the Oregon Department of Revenue.

At the end of January each year, the Employment Department will mail you a Form 1099-G, Statement for Recipients of Unemployment Compensation. Form 1099-G tells you how much you received in benefits last year. We also send a copy to the Internal Revenue Service and the State Department of Revenue. If you received benefits from a state other than Oregon, the other state also will send you a Form 1099-G.

We send your 1099-G statement to the last address we have on file for you. Please notify us in writing of your address change, even if you stopped reporting on your claim. If you do not receive your statement by the second week of February, notify your nearest Employment Department office. If you have questions about your taxes, contact the Internal Revenue Service, State Department of Revenue or a tax consultant.

You may have the Employment Department withhold state and federal income taxes from any unemployment benefits paid starting on January 1, 1997. You may change your withholding status in writing at any time. If you choose to have taxes withheld, your 1099-G will include the amount withheld during the preceding calendar year.

Please return this form to the Employment Department by mail or fax.
P.O. Box 14135 • Salem, Oregon • 97309-5068
Fax: 503-947-1335

AUTHORIZATION for TAX WITHHOLDING

Name (Please print)	Social Security Number:	Benefit Year ending date: 2020
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Personal information

START I authorize the State of Oregon Employment Department to **start** withholding:

- 10% of my unemployment benefits for federal income taxes.
- 6% of my unemployment benefits for state income taxes.

STOP I authorize the State of Oregon Employment Department to **stop** withholding:

- 10% of my unemployment benefits for federal income taxes.
- 6% of my unemployment benefits for state income taxes.

Under "Start", enter how you would like taxes withheld. Leave blank if you do not want tax withheld.

*I understand that my election to discontinue withholding will remain in effect until I submit to the Employment Department a signed request that withholding be restarted. I understand that benefits previously withheld for taxes will not be refunded to me by the Employment Department. I understand, and acknowledge that I am signing this form electronically. I understand that this electronic signature has the same meaning and validity as my handwritten signature.

I understand that this authorization will override any previous authorization.

Your Signature: _____ Today's Date: _____

Sign electronically and date

STEP 2: Schedule preference form

Complete this form and email to your supervisor for approval.

Schedule preference form



Metro

600 NE Grand Ave.
Portland, OR 97232-2736

Schedule reduction and Work Share program

Schedule reductions need to be approved and entered into the Kronos timekeeping system. Fill out the form below and turn in to your supervisor. From there, approved forms will be submitted to the Kronos Help Desk.

Employee name: [Click here to enter text.](#)

Employee ID: [Click here to enter text.](#)

Department: [Click here to enter text.](#)

Manager: [Click here to enter text.](#)

Name, employee information

Schedule preference, check one

- Fridays off
- Mondays off
- 2 hours less each day, Mondays to Thursdays
- 2 hours less each day, Tuesdays to Fridays

Select preferred schedule

Restrictions on work during scheduled reduction time or days

Employees must only work scheduled hours during workweeks that include the mandatory schedule reduction. Employees are strictly prohibited from working more than the approved number of reduced hours and performing any work during reduced hours or scheduled days off. If employees anticipate work needs or perform working during scheduled reduction times or days, hours worked should be immediately reported to your manager and recorded on your time sheet. Failure to follow these instructions may result in discipline.

By signing below, I agree to the modified scheduled as indicated above and agree to comply with the restrictions noted above.

Employee authorization: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Sign electronically and date

Manager approval

I approve the proposed reduction of hours and schedule as provided on this form.

Manager approval: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Email the completed form to your supervisor.

Do not upload this form to the file server.