

# SEIU USWW Workshare Program

---

## How to Complete the Work Sharing Certification Form



Building Skills Partnership  
& SEIU USWW



If **you are** planning on filing a claim for  
Workshare Unemployment Benefits,  
**you must:**



**Verify with your employer or union rep that  
your site is participating in the workshare  
program**



**Wait for your employer to hand you two  
forms to complete:**

**1** Initial Claim & Payment Certification Form  
(completed one time for 1st Work Share week)

**2** Work Sharing Certification Form  
(completed every 2 weeks starting 2nd Work Share week)



**EDD will notify claimant by mail if eligible to  
receive benefits, if so, will be mailed an  
EDD BofA card**



**Continue completing and mailing the  
Work sharing Certification Form for all Work  
Share weeks**

# Information you will need:

- Name and Social Security Number
- Any changes in mailing address or telephone number
- If you worked for someone other than your Work Sharing employer, you must provide their:
  - Name
  - Address
  - Last date worked during the reporting week(s)
  - Earnings before deductions from your non-Work Sharing employer, self-employment, or jury duty

# Work Sharing Certification Form (DE 4581WS)

In order to continue receiving benefits, you must complete the Work Sharing Certification form

**every 2 weeks**

The form is 2 pages:

**Page 1 is filled by the employer**

**Page 2 is filled by you, the claimant**



**You are responsible for mailing  
your form to EDD  
within 14 days from the date it  
was issued to you**



**Mail to:**

EDD Special Claims Office  
P.O. Box 41906

Rancho Cordova, CA 95741-9076

# Page 1 - Employer's Work Sharing Certification

Your employer will complete Page 1 with information for the “Week Ending”, including your:

- Normal and reduced wages and hours
- Absences
- Work Schedule

**Note:** You have **14 days** from the “Date Issued to Employee” to mail the completed form to EDD

EDD Employment Development Department State of California		INTERVIEWER'S INITIALS (EDD USE ONLY)
<b>EMPLOYER'S WORK SHARING CERTIFICATION (To Be Completed By Employer Only)</b>		
LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER
<b>THIS FORM MAY BE USED FOR ONE WEEK OR TWO CONSECUTIVE WEEKS</b>		
WEEK ONE Week Ending: / /		WEEK TWO Week Ending: / /
1. Enter normal weekly wages.	\$	\$
2. Enter actual wages paid (include overtime).	\$	\$
3. Enter percentage (%) of wage reduction due to Work Sharing.	%	%
4. Enter normal weekly hours of work.		
5. Enter actual hours worked (include overtime).		
6. Enter percentage (%) of hour reduction due to Work Sharing.	%	%
7. Did the employee refuse any work made available during hours scheduled off due to your Work Sharing plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Enter date(s) and hours used for Work Sharing reductions during this week (example below):	Date(s) Hours	Date(s) Hours
	02/05/05 2	
9. Was employee absent from work for reasons other than Work Sharing, including a holiday, jury duty, illness, personal leave, or vacation during this week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.a. If yes, was the absence approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.b. Enter the date(s) and reason for the absence.	Reason: _____	
I certify that the above information concerning the status of this company and the status/earnings of this employee for the purpose of participating in the Work Sharing program is true and correct. At least two employees participated and not less than 10 percent of the regular permanent work force, involved in the affected work unit(s), participated in the Work Sharing program for at least one week of a two consecutive week period. This company will maintain employees' health and retirement benefits under the same terms and conditions as prior to the reduction in hours and wages or to the same extent as other employees not participating in the Work Sharing Plan pursuant to the California Unemployment Insurance Code Section 1279.5 (c)(4)(A).		
Name and Address of Co.	Printed Name of Signee	Date Issued to Employee
	Title	Employer Phone Number
Original Signature		Employer Account Number

**NOTE:** This form must be issued to the employee **WITHIN 14 DAYS** after the last week ending date shown above.

**CLAIMANT'S WORK SHARING CERTIFICATION**  
Special Claims Office, ARU 850 - P.O. Box 419076 - Rancho Cordova, CA 95741-9076

DE 4581WS Rev. 9 (6-14) Page 1 of 2 CU

Week Ending

Date Issued to Employee

# Page 2 - Claimant's Work Sharing Certification

- You are responsible for completing page 2 of the **Work Sharing Certification form**
- The form will be given to you by your employer with page 1 completed

CLAIMANT'S WORK SHARING CERTIFICATION (To Be Completed By Employee Only)		
	WEEK ONE Answer the following questions for the week ending date entered under "Week One" on the reverse side of this form.	WEEK TWO Answer the following questions for the week ending date entered under "Week Two" on the reverse side of this form.
1. Did you have a change of address or telephone number during this week?  1.a. <b>If yes</b> , enter your new address and/or telephone number.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Address: _____  Telephone: ( ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  Address: _____  Telephone: ( ) _____
2. Did you work for anyone other than your Work Sharing employer? (This includes self-employment or a second employer.)  2.a. <b>If yes</b> , enter the self-employment or other employer's name, address, and last date worked during this week.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Name: _____ Address: _____ City, State, and ZIP: _____ Last Date Worked: ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No  Name: _____ Address: _____ City, State, and ZIP: _____ Last Date Worked: ____/____/____
2.b. Enter your earnings, before deductions, from your non-Work Sharing employer, whether you were paid or not. Also enter earnings from self-employment or jury duty.	\$ _____	\$ _____
2.c. Are you continuing to work for the <b>other</b> employer?  2.d. <b>If no</b> , enter the reason the job ended.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you want federal income tax withheld for the week(s) shown on Page 1, mark this box. <input type="checkbox"/> If you mark the box and are certifying for two weeks, federal income tax will be withheld for both weeks.		
<b>The information provided is true and correct to the best of my knowledge and belief. I understand that the law provides for a fine and/or imprisonment for making false statements or withholding facts to receive Unemployment Insurance.</b>		
SIGNATURE	SOCIAL SECURITY NUMBER	DATE SIGNED

**NOTE:** The employee is responsible for mailing this form to the **Special Claims Office at the address below within 14 calendar days** of receipt from the employer.  
**CLAIMANT'S WORK SHARING CERTIFICATION**  
 Special Claims Office, ARU 850 - P.O. Box 419076 - Rancho Cordova, CA 95741-9076

# Page 2 - Question #1

Week 1

Week 2

If you are certifying for two weeks, you must complete the information for BOTH Week 1 and 2

## Question #1:

If you had a change of address or telephone number during either week, check “Yes” and update information

If not, check “No” and move on to Question #2

	WEEK ONE	WEEK TWO
	Answer the following questions for the week ending date entered under “Week One” on the reverse side of this form.	Answer the following questions for the week ending date entered under “Week Two” on the reverse side of this form.
1. Did you have a change of address or telephone number during this week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.a. If yes, enter your new address and/or telephone number.	Address: _____ _____	Address: _____ _____
	Telephone: ( ) _____	Telephone: ( ) _____

# Page 2 - Question #2

Week 1

Week 2

2. Did you work for anyone other than your Work Sharing employer? (This includes self-employment or a second employer.)

Yes  No

Yes  No

## Check "Yes":

- If you worked at least one day **for another employer, had jury duty or were self-employed** during Week 1 and/or Week 2 and complete questions 2a -2d

## Check "No":

- If you **did not** work for any other employer, have jury duty or were not self-employed, and move on to **Question 3**



# Page 2-Question 2.a

Week 1

Week 2

If you checked “Yes” for Question #2, you must provide your self-employment or other employer’s:

- Name
- Address
- Last date worked during week 1 and/or week 2

2.a. If yes, enter the self-employment or other employer’s name, address, and last date worked during this week.

Name

Address

City, State, and ZIP

Last Date Worked:

\_\_/\_\_/\_\_

Name

Address

City, State, and ZIP

Last Date Worked:

\_\_/\_\_/\_\_

# Page 2 - Question 2.b

	Week 1	Week 2
2.b. Enter your earnings, before deductions, from your non-Work Sharing employer, whether you were paid or not. Also enter earnings from self-employment or jury duty.	\$	\$

If you checked “Yes” for Question #2:

- Enter your gross earnings (before taxes) for your NON-work sharing employer listed in 2.a

**Report earnings regardless if you have or have not been paid for that work**

# Page 2 - Questions #2c-d

2.c: If you are continuing to work for your other employer listed in 2.a, check "Yes"

if not, check "No"

Week 1

Week 2

2.c. Are you continuing to work for the <b>other</b> employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.d. If <b>no</b> , enter the reason the job ended.		

2.d: If you checked "no" for 2.c, enter the reason why the job ended

# Page 2 - Question #3

**Question #3:** If you want federal income tax withheld for the weeks shown on page 1, **check the box**

**Note:** If you check the box, 15% of your Work Sharing benefits will be withheld.

3. If you want federal income tax withheld for the week(s) shown on Page 1, mark this box.   
If you mark the box and are certifying for two weeks, federal income tax will be withheld for both weeks.

If you **do not check the box:**

- No FEDERAL taxes will be withheld from your benefits
- Your benefits will be taxed when you file your next year's income taxes

**Note:** Your choice is only for the weeks listed on the form, and can be updated on your next Certification Form

# Page 2 - Signature & Social Security Number

Enter your Social Security Number

SIGNATURE	SOCIAL SECURITY NUMBER	DATE SIGNED

Signature must be original, no photocopied signatures will be accepted

Date you completed page 2

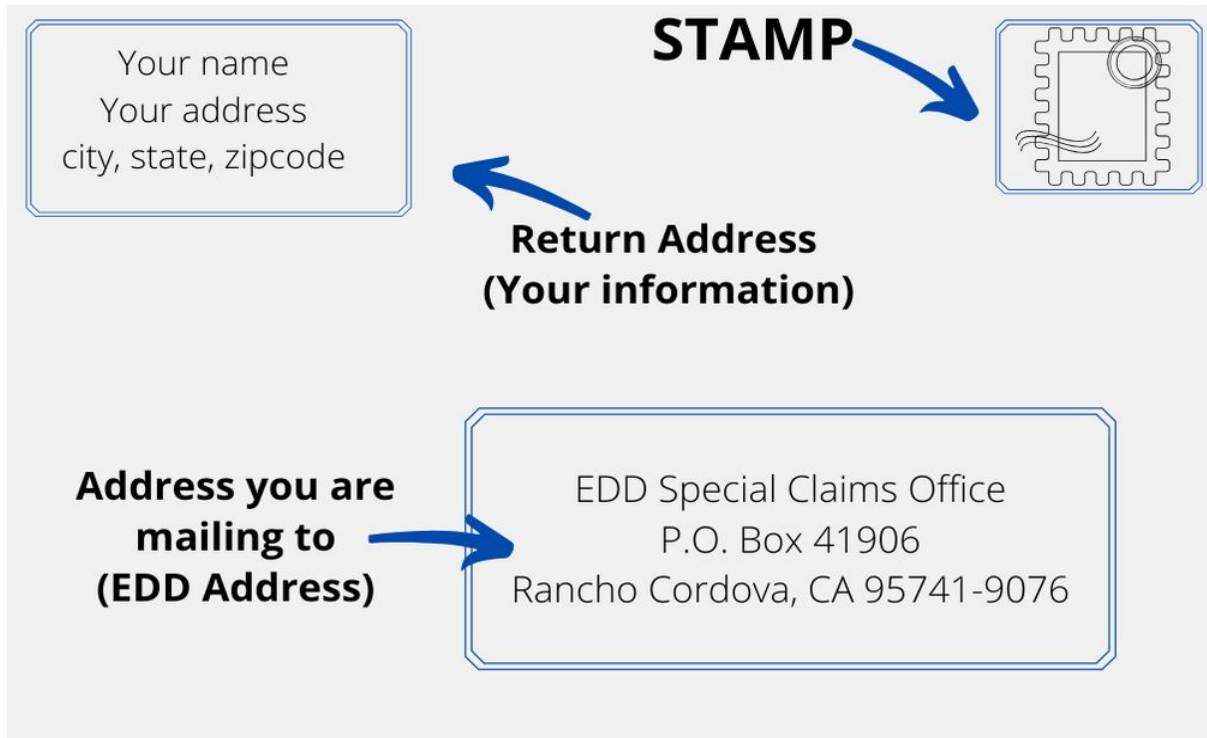
**In signing, you are certifying that you have legal work authorization and are eligible to claim Workshare Unemployment benefits for the weeks written**

---

**Review your  
information  
before mailing!**

To avoid delays in  
benefits, **review your  
information** more than  
once to make sure it is  
correct and accurate!

# Mail your completed form within 14 days of receiving the form



# Things to keep in mind

**#1**

If you are unsure if you meet the requirements to continue receiving benefits, ask BSP

**#2**

It is up to you if you wish to continue receiving benefits, as long as you meet the requirements

**#3**

Duration in the Workshare program will vary by site, depending on the local Stay at Home Order and site needs

**#4**

If you have another job, you will need to report that income and this may affect how much you receive in benefits

**#5**

Sick days or vacation days will be reported on the Worksharing Certification Form and can affect your benefits



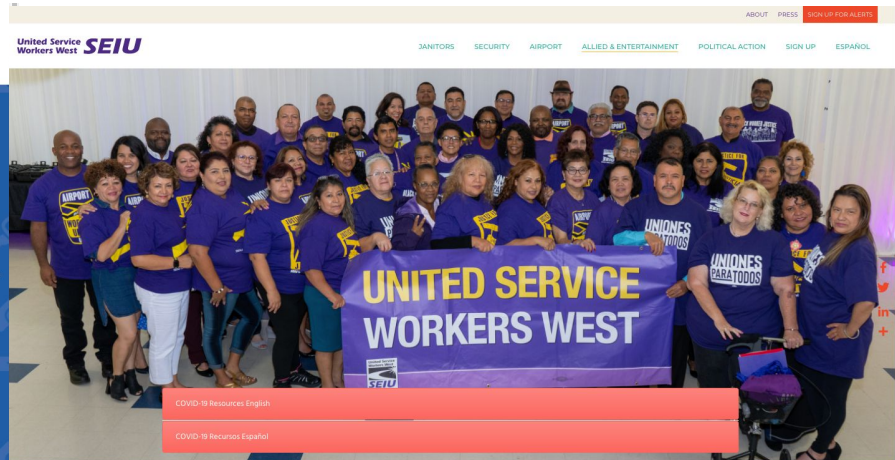
# Resources

Visit the [Building Skills Partnership](https://buildingskills.org) website or the [SEIU-USWW](https://seiu-usww.org) website for:

- Step-by-step guide on how to complete the Initial Claim & Payment Certification Form
- Step-by-step guide on how to complete the Worksharing Certification Form
- SEIU-USWW Workshare Program FAQ
- Additional community resources during COVID-19

[buildingskills.org/workshare](https://buildingskills.org/workshare)

[seiu-usww.org/workshare](https://seiu-usww.org/workshare)



# Resources

To ask questions and learn more about participating in the

## **SEIU USWW Workshare Program**

Join a **Zoom call** with your Union:

---

**When:** Every Saturday at 12pm

### **How to Join:**

*Call-in:* (213) 338 - 8477

**OR**

*Enter the Meeting ID in the Zoom app:* 965-7589-0541

**OR**

*Use the link:* <https://zoom.us/j/96575890541>

# Additional Resources

## WORKSHARE PROGRAM HOTLINE

Do you have questions about your workshare program benefits or need assistance with the workshare forms?

CONTACT BSP FOR HELP, CALL:

**(402) 235-6677**

**9:00am - 5:00pm**

**Monday - Friday**

If your call is not answered, please leave a voicemail and we will return your call



# THANK YOU

---

