

SharedWork Ohio



PROGRAM HIGHLIGHTS



SharedWork Ohio Program

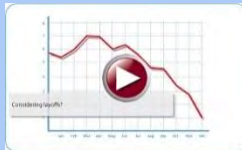


What is SharedWork Ohio?

SharedWork Ohio is a voluntary layoff aversion program, which allows workers to remain employed and employers to retain trained staff during times of reduced business activity.

Under a SharedWork Ohio plan, the participating employer reduces **affected employees' hours in a uniform manner. The participating** employee works the reduced hours each week, and the Ohio Department of Job and Family Services (ODJFS) provides eligible individuals a portion of their regular unemployment benefits.

Video



SharedWork Ohio Benefits to Employers



- Maintains full staff for future business growth
- Reduces future hiring and retraining costs
- Maintains worker productivity
- Retains experienced employees
- Keeps worker morale high

The Scope of Each SharedWork Ohio Plan



- **A plan must apply to one “affected unit”**
- Employers may have more than one SharedWork plan
- Employees are all reduced by the same percentage of the normal weekly hours of work, between 10 and 50 percent
- Plans must include a minimum of two (2) employees
- Benefits are available under the plan for up to 52 weeks (1 year)
- Plans may be modified or terminated by the employer

Participating Employee Information



- Employees do not search for work while under a SharedWork Ohio plan
- Instead, employees need to be available for their normal weekly hours of work
- Outside employment could affect a SharedWork **employees' eligibility for benefits**
- Employer paid, approved leave (holiday, sick, vacation pay) counts toward the SharedWork Ohio hours in a week

Automated Employer Plan Application



Plan Explanation

*1. # layoffs averted

*2. Do you certify that the reduction of hours were in lieu of layoffs? Yes No

*3. How do you plan to provide advanced notice, if feasible, to the employees of the SharedWork Ohio program?

*4. Was it feasible to provide advanced notice to the employees of the SharedWork Ohio program? Yes No
If it was not feasible, please explain why it was not feasible?

*5. Do you certify that you will not include seasonal, temporary, or intermittent employees on the SharedWork Ohio participant list? Yes No

*6. Are you allowing participants, as appropriate, to pursue training to enhance job skills approved by the director, including employer-sponsored training or worker training funded under the Workforce Investment Act of 1998, as amended? Yes No

*7. Do you certify that this plan will not affect the fringe benefits (health insurance, medical insurance, or retirement benefit) provided to employees immediately prior to the SharedWork Ohio application? Yes No
If the plan does affect the fringe benefits, please explain how it affects those fringe benefits?

*8. Do you attest to participating in the SharedWork Ohio program is consistent with your obligations under state and federal law? Yes No

*9. Do you certify to promptly notify the agency of any changes to your business including the sale or transfers of the business either whole or in part? Including notifying the successor of such a transfer or sale? Yes No

*10. Do you certify that you are and will remain current on all reports, contributions, reimbursements, interest, and penalty due prior to application and throughout the duration SharedWork Ohio plan? Yes No

*11. Do you assure that employees normal hours will not be reduced by more than the reduction percentage, except than in the event of a temporary closure for equipment maintenance, or when the employee takes approved time off during the week with pay and the combined work hours and paid leave hours equal the number of hours the employee would have worked under the plan? Yes No

Adding Participating Employees



SWO Nbr	Category	Work Unit Description	Plan Start Date	Plan End Date	Status	Versions Exist
00000000-1	Initial	Unit 1			Incomplete	N

Upload Potential Participants

[Help Text](#)

As a condition for a SWO plan to be approved, potential participants must be identified and provided by the employer at the time of application. You can upload a formatted document (.csv, .txt, or .xls(x)) if a large number of participants are to be provided, or you can add each participant manually. If choosing to upload a document, please [CLICK HERE](#) for further information to ensure the correct template and format is used. Documents that do not meet the required format will be rejected.

To upload a document, click the Browse button below, select your file then click the Upload button. You must wait for the upload to complete before moving forward with your application. Once the upload is complete, you will be provided the number of participants added. Click the Close button to continue. If you choose to add each participant manually, click the Add Participants Manually button below

Manually Add Potential Participants

First Name	<input type="text"/>	Last Name	<input type="text"/>
Participant SSN	<input type="text"/>	Normal Hours	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Participant SSN	<input type="text"/>	Normal Hours	<input type="text"/>

Participant's Social Security Number format: #####	Participant's First Name max 25 characters	Participant's Last Name max 25 characters	Normal Hours of Work between 1 and 40
111111111	Participating	Employee	40.00

Automated Weekly Claim Filing



SWO Nbr	Category	Work Unit Description	Plan Start Date	Plan End Date	Status	Versions Exist
000000000-2	Modified	Unit 1	03/29/2015	03/26/2016	Approved	Y

Week Ending Date: 07/04/2015

[Help Text](#)

Result(s): 2 Found

SSN
 Last Name

IMPORTANT: 'Total Compensated Hours' should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

Participant	SSN	Normal Hours	Reduced Hours	Total Compensated Hours	Compensated Required Hours?	Reason - if selected No for Compensated Required Hours	Status
A Participating Employee	#####	40.00	36.00	36	Yes	Select One	
B Participating Employee	#####	40.00	36.00	20	No	Select One	

Select One

- Did Not Work All Available Hours
- Hours/Work Available Reduced/Increased
- Laid Off
- Leave of Absence
- Other

02/07/2015		<==Week Ending Date (mm/dd/yyyy)				
Participant's Social Security Number [format: #####]	Participant's First Name	Participant's Last Name	Total Compensated Hours (including all approved leave) [format: ##.##]	Did the participant work the required hours on the plan? (Y/N)	Reason #	
111111111	Unemployment	Claimant	20.00	Y	0	

Participating Employee Weekly Claim Questions



Claimant Answer

*1. Is the above information reported by your SharedWork Ohio employer correct?

Yes No

if NO, please explain.

*2. Did you work for an employer OTHER THAN your SharedWork Ohio employer (full time or part-time) or were you self-employed during the week claimed? If you worked, you should answer YES even if you will be paid in another week.

Yes No

if YES, hours worked:

and GROSS earnings for the week (Sunday thru Saturday):

\$

*3. During the week claimed, did you apply for (or was there a change in the amount of) pension, or any other type of retirement payment?

Yes No

*4. During the week claimed, did you quit?

Yes No

*5. During the week claimed, were you discharged (fired)?

Yes No

Claimant Certification: I certify that the above statements are true and accurate, and that I was able to work and available for work with my SharedWork Ohio employer. I have not claimed unemployment benefits under this or any other State or Federal system for this period. I am aware of the penalties that the Law prescribes for false statements.

Claimant agreed the answers were correct.

Claimant elected to withdraw the week.

Contact Information



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