

Work Share Participant List

Employer: _____

BIN: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Select one: ☐ Add Participants to a NEW plan (submit with your application) ☐ Add/Remove Participants on an EXISTING plan

Complete or print additional pages as needed.

EMPLOYEE				New or Added Employees				Removing Employees		
Last Name	First Name	MI	SSN	Current Scheduled Hours	Proposed Reduced Hours	Union Member?	Add to Plan	Remove from Plan	Reason for Separation	Date of Separation
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I certify that each individual listed above is in the affected group and is an affected employee. I acknowledge that I am signing this form electronically and I understand that this electronic signature has the same meaning and validity as my handwritten signature. I further attest that I have signature authority with the named employer.

Authorized Signature _____

Date _____

Form 1696 (Revised 0216)

Oregon Employment Department • Attn: UI Special Programs Center • 875 Union St. NE • Salem • Oregon • 97311 Fax: (503) 947-1888 • www.OregonWorkShare.com • Email: oed_workshare@oregon.gov

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 Programs 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 that you send via email.