Office Use Only
SWP Number:_____

List of Employees in Shared-Work Plan

Week Number:

Work Unit Name:

Number of Workers in the unit:

Fill out this page for **each** work unit that is part of your shared-work plan. Copy this page if you are asking for a shared-work plan that has more than one employee group.

SSN	Last Name, First Name, Middle Initial	Date Hired	As of the date of this application, total hours worked during the employee's base year for your company.	Usual Weekly Hours	The usual weekly hours will be reduced by this number of hours	Under Collective Bargaining Agreement		Employee's Signature
						Yes	No	