

SHARED WORK

Online Program User Guide

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Introduction

The Shared Work program provides employers facing economic difficulties the opportunity to reduce the number of hours employees work rather than laying them off. The Texas Workforce Commission (TWC) pays Shared Work employees partial unemployment benefits to supplement the wages lost to working reduced hours.

Note

To access Shared Work, employers must sign up for an Employer Benefits Services (EBS) account. To learn more about Employer Benefits Services and to learn how to sign up for an Employer Benefits Services account, see the EBS Administrator Duties user guide.

Shared Work Information

The Shared Work Program allows employers to supplement their employee's wages lost to reduced work hours with partial unemployment benefits and to reduce normal weekly work hours for employees in an affected unit by at least 10 percent but not more than 40 percent; the reduction must affect at least 10 percent of the employees in that unit.

New hires are not eligible for the week they were hired.

For more information please visit the **Shared Work** page.

After logging in to EBS, select the **Shared Work** tab.

The **Shared Work Information** page provides user information, an overview of the Shared Work Program, and what is needed to complete a Shared Work Plan application.

There are two ways to apply for Shared Work:

- Select **Shared Work Plan Application** from **Quick Links**
- Select **Apply for Shared Work** at the bottom of the page

The screenshot shows the 'Employer Benefit Services' page for the Texas Workforce Commission. The 'Shared Work' tab is selected in the top navigation bar. The left sidebar contains a 'Quick Links' menu with 'Shared Work Plan Application' highlighted. The main content area is titled 'Shared Work Information' and includes a 'User Information' section with fields for Name, Email Address, and Employer. Below this is an 'Overview' section with text about the Shared Work Program and a list of requirements for completing a Shared Work Plan application. At the bottom of the page, there is a button labeled 'Apply for Shared Work'. A red arrow originates from the 'Shared Work Plan Application' link in the sidebar and points to the 'Apply for Shared Work' button.

Getting Started

The **Shared Work - Getting Started** page requires employer mailing information and contact person information. It is important that all required fields are completed. A red asterisk appears next to all required fields. If any required fields are left blank, error alerts appear next to the empty fields and next to an error list above **Employer Information**.

Employer Information

Employer address information defaults to the United States.

Use the **Select Address** drop-down to display all addresses registered with the Texas Workforce Commission (TWC). TWC recommends that the official employer address be used.

Once the chosen address is selected, use the **Select** button to populate the Employer Information name and address fields.

All fields can be also entered manually.

Contact Information

The contact person must be an employer representative with signature authority.

Shared Work Plan Application - Getting Started

User Information

Name: _____ User ID: _____
Email Address: [Update E-mail Address](#)
Employer: _____

★ indicates required information

Employer Information

Select the mailing address from the list or type in a new mailing address.

Select Address: Choose One

Additional Name: _____

Country: ★ ☒ US ☐ CANADA

Mailing Address: ★ _____

City: ★ _____

State: _____

Zip Code: _____

Canadian Province: Choose One

Foreign Postal Code: _____

Contact Information

Name: ★ _____

Phone Number: ★ (____) (____) - ____ Ext: ____

Fax Number: (____) (____) - ____

Email Address: _____

Shared Work Plan Application - Part 1

The **Shared Work Plan Application - Part 1** page displays the **Plan ID**, **Plan Description**, **Status**, and the **Plan Application - Part 1**.

The **Plan ID** is a unique number assigned to each Shared Work plan. The ID is used for making an inquiry about a plan or searching for a plan using **Shared Work Plan Search** in **Quick Links** on the **Shared Work Information** page.

The **Plan Description** displays the employer name unless an additional name was added.

The **Status** shows the current condition of the Shared Work application.

Complete the questions in **Plan Application - Part 1**.

Shared Work Plan Application - Part 1

User Information

Name: _____ User ID: _____
Email Address: [Update E-mail Address](#)
Employer: _____

★ indicates required information

Plan Information

Plan ID: 120526
Plan Description: _____
Status: Incomplete

Plan Application Part 1

Is this Shared Work Plan a replacement for a previous plan? ★ ☐ Yes ☒ No

If yes, what is the number of the plan being replaced? Choose One

Is the unit or entire organization affected by the work reduction? ★ ☒ Unit ☐ Organization

Are the work hours reduced by 10 to 40 percent? ★ ☒ Yes ☐ No

Is your request for a Shared Work Plan an alternative to a layoff? ★ ☒ Yes ☐ No

Are any unions affected by the work reduction? ★ ☒ Yes ☐ No

Will affected employees be notified of the Shared Work Plan in advance? ★ ☒ Yes ☐ No

If the Shared Work plan is a replacement for a previous plan, select the correct Plan ID from the drop-down.

Is this Shared Work Plan a replacement for a previous plan?

*

☐ Yes

☒ No

If yes, what is the number of the plan being replaced?

Choose One

▼

Shared Work Plan Application - Part 2

Complete all required fields on the Shared Work Plan Application - Part 2 page.
If changes are required, make them now.
Select **Save and Continue**.

TEXAS WORKFORCE COMMISSION

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Shared Work Plan Application - Part 2

User Information

Name:

User ID:

Email Address:

Update E-mail Address

Employer:

* indicates required information

Plan Information

Plan ID:

120526

Plan Description:

Status:

Incomplete

Plan Application Part 2

How will the affected employees be notified of the Shared Work Plan in advance?

*

☒ In Person

☐ Email

☐ Other

Total Number of Employees in the Unit:

*

Is the work of the affected Unit seasonal?

*

☐ Yes

☒ No

Does the affected Unit normally work full time?

*

☒ Yes

☐ No

What are the affected Unit's normal work hours? (per week)

*

What is the estimated number of employees who would be laid off if you do not participate in a Shared Work Plan?

*

Are any of the following benefits affected?

*

☐ Yes

☒ No

Select all that apply:

☐ Health Insurance

☐ Retirement Benefits

☐ Vacation

☐ Holiday or Sick pay

☐ Other

If yes, which is affected by the change to employee benefits?

☐ Unit

☐ Organization

What is the estimated begin date for work reduction?

*

▼

▼

Year:

(Plan is in Pending status until Approved. Plan is effective from the date it is Approved on and cannot be applied retroactively.)

Save and Continue

Previous

Cancel

Union Acknowledgment Form

If the question on the Shared Work Plan Application - Part 1 page regarding unions is answered **Yes**, the program proceeds to the Shared Work Plan Application - Union Acknowledgment Form page; if the answer is **No**, the program proceeds to the Shared Work Plan Application - Participant List page.

If the employer is represented by unions the Shared Work plan will affect, a union official must acknowledge the plan by completing the Union Acknowledgment Form.

Are any unions affected by the work reduction?

*

☒ Yes

☐ No

To complete the Union Acknowledgment Form:

- Download it
- Print it out
- Fill it out
- Date it
- Obtain the required signatures
- Scan it and save it
- Upload it

A confirmation message displays when the form is successfully uploaded.

The uploaded form will also be viewable in the **Uploaded Forms** section.

Select **Next**.

Shared Work Plan Application - Union Acknowledgment Form

User Information

Name: User ID: [Update E-mail Address](#)

Email Address: [Update E-mail Address](#)

Employer:

Plan Information

Plan ID: 120526

Plan Description:

Status: Incomplete

Union Acknowledgment Form

Download and print the 'Union Acknowledgment form from [here](#)

An official form from each union involved with the work reduction, must acknowledge the plan by completing, signing and dating the form. An electronic copy of this signed form will need to be uploaded before Shared Work application can be submitted.

Upload

Once you have uploaded your document or file and you receive a confirmation message, you cannot delete or remove it. If you need assistance, please contact the Shared Work Department at ui.sharedwork@twc.state.tx.us.

File Name: [Browse...](#)

[Upload](#)

Uploaded Forms

1-1 of 1

Uploaded Date and Time	Action
May 29, 2019 1:08 PM CT	View

[Next](#) [Previous](#) [Cancel](#)

Shared Work Participant List

Submit employees to the Shared Work plan on the **Shared Work Plan Application - Participant List** page.

Employees can be submitted together in a single Comma-separated Values (CSV) file or added one at a time.

Download the instructions and carefully read them.

To submit employees together in one CSV file, download the **Participant List template**, complete it, save it then upload it.

A confirmation message displays after the list is successfully uploaded.

All uploaded employees and their social security numbers, normal work hours, and the actions available are then listed in the **Participant List** section. Employees can be edited or removed while the application is pending or incomplete.

When finished uploading the list and the program confirms that the list is successfully uploaded, select **Next**.

Shared Work Plan Application - Participant List

User Information

Name: User ID: [Update E-mail Address](#)

Email Address: [Update E-mail Address](#)

Employer:

Plan Information

Plan ID:

Plan Description:

Status: Incomplete

Upload

Download the instructions to complete the Participant List template from [here](#).

Download the Participant List template file from [here](#).

Once you have uploaded the file, you will receive a confirmation message. If you need assistance, contact Shared Work Department at ui.sharedwork@twc.state.tx.us.

File Name: [Choose File](#) No file chosen

[Upload](#)

Participant Information

Add Participant [Add](#)

Participant List

Name	Social Security Number	Normal Work Hours	Action
No results			

[Next](#) [Previous](#) [Cancel](#)

To upload employees one at a time, select **Add** in the **Participant Information** section.

The program proceeds to the **Shared Work Plan Application - Participant Information** page.

Complete the required fields then select **Save**.

Repeat this process for each employee.

When finished adding employees, select **Return**.

The screenshot shows the 'Shared Work Plan Application - Participant Information' page. On the left is a 'Progress' sidebar with links: 'Getting Started', 'Plan Information', 'Union Acknowledgment Form', 'Participant List' (highlighted with a blue arrow), 'Review And Submit', and 'Confirmation'. The main content area has sections for 'User Information' (Name, Email Address, Employer, User ID, and a link to 'Update E-mail Address'), 'Plan Information' (Plan ID: 120526, Plan Description, Status: Incomplete), and 'Participant Information - Add'. This section contains input fields for First Name, Middle Initial, Last Name, Social Security Number, and Normal Work Hours (set to 40). Red stars indicate required fields. At the bottom are 'Save' and 'Return' buttons.

The screenshot shows the 'Participant List' table with 1-6 of 6 records. The table has columns: Name, Social Security Number, Normal Work Hours, and Action. The first row shows a blank Name field, a blank Social Security Number field, and a value of 40 for Normal Work Hours. The Action column contains links for 'Edit' and 'Remove'. A red arrow points down from the 'Edit' link to the 'Next' button at the bottom of the page. Another red arrow points up from the 'Next' button to the 'Edit' link.

The program returns to the **Shared Work Plan Application - Participant List** page.

All uploaded employees and their social security numbers, normal work hours, and the actions available are then listed in the **Participant List** section. Employees can be edited or removed while the application is pending or incomplete.

Select **Next**.

Review and Submit

The **Shared Work Plan Application - Review and Submit** page displays all information pertaining to the Shared Work plan.

Review the information in each section carefully.

If there are any errors, correct them by selecting **Edit** at the beginning or end of each section in which the errors are found.

The screenshot shows the 'Shared Work Plan Application - Review and Submit' page. The 'Progress' sidebar on the left highlights 'Review And Submit' with a blue arrow. The main content area displays the same information as the previous page, but with additional instructions: 'Your Shared Work Plan Application is NOT COMPLETE until you select the "Submit" button at the bottom of this page and receive a confirmation message.' and 'Carefully review your responses for accuracy and make any necessary corrections. To make changes or corrections, select the "Edit" link for that section.' There are also links to 'Edit Employer Information' at the bottom of the 'Employer Information' section.

Review and Submit continued ...

Certify the Shared Work plan by checking the box in the **Certification** section. The program will not allow the Shared Work plan to be submitted until it's certified.

Select **Submit**.

Contact Information	
Edit Contact Information	
Name:	
Phone Number:	
Fax Number:	(No response provided)
Email Address:	
Edit Contact Information	
Plan Application Part 1	
Edit Plan Application Part 1	
Is this Shared Work Plan a replacement for a previous plan?	No
If yes, what is the number of the plan being replaced?	(No response provided)
Is the unit or entire organization affected by the work reduction?	Unit
Are the work hours reduced by 10 to 40 percent?	Yes
Is your request for a Shared Work Plan an alternative to a layoff?	Yes
Are any unions affected by the work reduction?	Yes
Will affected employees be notified of the Shared Work Plan in advance?	Yes
Edit Plan Application Part 1	

Plan Application Part 2	
Edit Plan Application Part 2	
How will the affected employees be notified of the Shared Work Plan in advance?	In Person
Total Number of Employees in the Unit:	30
Is the work of the affected Unit seasonal?	No
Does the affected Unit normally work full time?	Yes
What are the affected Unit's normal work hours? (per week)	40
What is the estimated number of employees who would be laid off if you do not participate in a Shared Work Plan?	0
Are any of the following benefits affected?	No
Health Insurance	(Not applicable)
Retirement Benefits	(Not applicable)
Vacation	(Not applicable)
Holiday or Sick pay	(Not applicable)
Other	(Not applicable)
If yes, which is affected by the change to employee benefits?	(Not applicable)
What is the estimated begin date for work reduction?	June 15, 2019
Edit Plan Application Part 2	
Union Acknowledgment Form	
Total Number of Union Acknowledgment Forms Uploaded:	1
Upload Union Acknowledgment Form	
Participant List	
Total Number of Employees in the Unit affected by Work Reduction:	7
Edit Participant List	
Certification	
 ☐ * I certify that the implementation of this Shared Work Plan and the resulting work hour reduction affects at least 10 percent of the affected unit(s) and replaces layoffs.	
Caution: Your Shared Work Plan Application is NOT COMPLETE until you select the "Submit" button.	
Submit	

Confirmation

The **Shared Work Plan - Confirmation** page confirms that the Shared Work plan has been successfully submitted.

The page displays all information pertaining to the Shared Work plan.

- Select **Save as PDF** to convert the page to a PDF file that can be saved.
- Select **Printer Friendly** to print the page.
- Select **Return to My Home** to return to the EBS user homepage.

TWC sends an email with the next steps the employer and employees must take.

Select **Return to Shared Work Plan Information** at the bottom of the page to return to the **Shared Work Plan Information** page.



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Shared Work Plan Application - Confirmation

User Information

Name:

User ID:

Email Address:

Update E-mail Address

Employer:

Your Shared Work Plan Application was submitted successfully. Plan is in Pending status until Approved.

Print or save this page for your records.

To print, select the "Printer Friendly" button on this page, or use the printer icon on your browser's toolbar.

To save, select the "Save as PDF" button on this page, or use the save icon on your browser's toolbar.

Save as PDFPrinter FriendlyReturn to My Home

Plan Information

Plan ID:

120526

Plan Description:

Status:

Pending

Employer Information

TWC Tax Account Number:

00-

Employer:

Additional Name:

Mailing Address:

Contact Information

Name:

Phone Number:

Fax Number:

(No response provided)

Email Address:

ajgrocery@yahoo.com

Plan Application Part 1

Is this Shared Work Plan a replacement for a previous plan?

No

If yes, what is the number of the plan being replaced?

(No response provided)

Is the unit or entire organization affected by the work reduction?

Unit

Are the work hours reduced by 10 to 40 percent?

Yes

Is your request for a Shared Work Plan an alternative to a layoff?

Yes

Are any unions affected by the work reduction?

Yes

Will affected employees be notified of the Shared Work Plan in advance?

Yes

Plan Application Part 2

How will the affected employees be notified of the Shared Work Plan in advance?

In Person

Total Number of Employees in the Unit:

30

Is the work of the affected Unit seasonal?

No

Does the affected Unit normally work full time?

Yes

What are the affected Unit's normal work hours? (per week)

40

What is the estimated number of employees who would be laid off if you do not participate in a Shared Work Plan?

0

Are any of the following benefits affected?

No

Health Insurance

(Not applicable)

Retirement Benefits

(Not applicable)

Vacation

(Not applicable)

Holiday or Sick pay

(Not applicable)

Other

(Not applicable)

If yes, which is affected by the change to employee benefits?

(Not applicable)

What is the estimated begin date for work reduction?

June 15, 2019

Union Acknowledgment Form

Total Number of Union Acknowledgment Forms Uploaded:

1

Participant List

Total Number of Employees in the Unit affected by Work Reduction:

7

Submission Information

Submitted By:

Submission Time:

May 30, 2019 12:47 PM CT

Return to Shared Work Plan Information

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Error Reports Search

The Shared Work program provides an archive of error reports. The archive only holds reports for one year.

An error report is a summary of all the errors detected during the application process.

Error Reports Search is accessed from **Quick Links** on the **Shared Work Information** page.

On the **Error Reports Search** page, select the **Plan ID** from the drop-down then select **Search**.

The error reports for the selected plan are listed in the **Error Reports** section.

Select **View** to view a report.

The error report displays:

- The date the report was created
- The employer name
- The Plan ID
- The number of failed records
- The table containing the employee's personal information, the employee's normal work hours, and the error descriptions

Quick Links

- Shared Work Information
- Shared Work Plan Search
- Shared Work Plan Application
- Participant List Search
- Union Acknowledgment Form Search
- Error Reports Search**
- Shared Work Weekly Certification
- Weekly Certification Search

Error Reports Search

User Information

Name: User ID:

Email Address: [Update E-mail Address](#)

Employer:

* Indicates required information

Search

Plan ID: **Choose One**

- 120368, Incomplete
- 120369, Incomplete
- 120370, Incomplete
- 120371, Incomplete
- 120372, Incomplete
- 120373, Approved

[Search](#) [Reset](#)

Quick Links

- Shared Work Information
- Shared Work Plan Search
- Shared Work Plan Application
- Participant List Search
- Union Acknowledgment Form Search
- Error Reports Search**
- Shared Work Weekly Certification
- Weekly Certification Search

Error Reports Search

User Information

Name: User ID:

Email Address: [Update E-mail Address](#)

Employer:

* Indicates required information

Search

Plan ID: **120368, Incomplete**

[Search](#) [Reset](#)

Error Reports

Plan ID: 120368 Plan Status: Incomplete Document Type: Shared Work Participant List Error Report

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Uploaded Date and Time	Action
February 28, 2019 4:23 PM CT	View
February 28, 2019 12:57 PM CT	View

Error Report

TEXAS WORKFORCE COMMISSION - Shared Work Participant List Error Report Page 1

Date Created: February 28, 2019 12:58 PM CT

Employer Name:

Plan ID : 120368

Participant List Error Table: 15 Failed records

Selected document/file failed to upload. Please correct all the errors and then upload your file again.

S.No.	Row No.	SSN	Last Name	First Name	Normal Work Hours	Error Description
1.	2			Hank	40	Last Name is missing.
2.	3		Grime\$		40	Last Name has non-acceptable characters.
3.	4		P&Ibert		40	Last Name has non-acceptable characters.
4.	5			Haaaaaaaaaank	40	First Name exceeds 12 characters.

Shared Work Plan Search

The **Shared Work Plan Search** page is accessed from **Quick Links** on the **Shared Work Information** page.

Search for a Shared Work plan to view, edit, terminate, and remove plans or to add or remove employees from plans.

Only incomplete and pending plans can be edited.

Employees can be added to pending and approved plans.

The number of employees who can be added to a plan cannot exceed the number of employees initially submitted on the Shared Work application.

If adding employees to a pending plan, return to the **Shared Work Plan Application - Part 2** and increase the number of employees in the unit or organization.

If adding employees to an approved plan, **email UI Shared Work** and request an increase.

Select **View**, **Edit**, or **Remove** in the **Application** column to view, make changes, or remove an incomplete plan application.

Select **View** or **Terminate** in the **Application** column to view or terminate a pending or approved plan application.

Select **View** or **Add** in the **Participant** column, and the program proceeds to the **Shared Work Plan Application - Participant List**.

Plan ID	Plan Description	Start Date	End Date	Status	Application	Union Ack Form	Participant List
122626	PRODUCTS INC			Incomplete	View Edit Remove	N/A	View
122625	MAIL ROOM			Incomplete	View Edit Remove	N/A	View
122623	PRODUCTS INC	Jun 02, 2019	Jun 30, 2020	Approved	View Terminate	N/A	View Add
122620	Mail Room	Jul 07, 2019	Jul 31, 2020	Approved	View Terminate	N/A	View Add
122614	Shipping Department	Jun 30, 2019	Jun 30, 2020	Approved	View Terminate	N/A	View Add
011145	PRODUCTS INC			Incomplete	View Edit Remove	N/A	View
004842	PRODUCTS INC	Jun 03, 2018	Jun 30, 2019	Expired	View	N/A	View

Participant List Search

The Participant List Search page allows employers to search for a plan and remove or add any participating employees to the plan before certifying the employees' weekly hours.

Enter the **Plan ID** to obtain the entire list of participating employees or narrow the search by entering an employee's SSN.

Add a participating employee by selecting **Add Participant**.

Remove a participating employee by selecting **Remove** from the **Action** column.

Name	Social Security Number	Normal Work Hours	Date of Hire	Plan ID	Status	Action
HAMILTON		40		122662	Approved	Remove
		40		122662	Approved	Remove
SMITH		40		122662	Approved	Remove

Shared Work Renewals

Shared Work plans are valid for one year. If the company is still working reduced hours, you can submit an application for another plan year 30 days before your current plan expires.

Shared Work Weekly Certification

Employers participating in a Shared Work plan must certify their employees' weekly hours or hours plus earnings.

Shared Work Weekly Certification is accessed from **Quick Links** on the **Shared Work Information** page.

Select the Shared Work Weekly Certification link to get started.

Quick Links

- Shared Work Information
- Shared Work Plan Search
- Shared Work Plan Application
- Participant List Search
- Union Acknowledgment Form Search
- Error Reports Search
- Shared Work Weekly Certification
- Weekly Certification Search

Shared Work Information

User Information

Name: User ID:

Email Address: [Update E-mail Address](#)

Employer:

For additional information: [Shared Work](#)

Overview

The Shared Work Program offers Texas employers an alternative to layoffs. This voluntary program helps Texas employers and employees withstand economic downturns. Shared Work allows employers to reduce the number of hours that employees work rather than laying them off. TWC pays Shared Work employees partial unemployment benefits to supplement the wages lost to working reduced hours.

To qualify for a Shared Work Plan, an employer must reduce employee work hours by at least 10 percent, but not more than 40 percent, and the reduction must cover at least 10 percent of the affected work unit. Unemployment benefits are payable to employees who qualify for and participated in an approved Shared Work Plan; however, workers may choose to not participate. Employees who qualify will receive both wages and Shared Work unemployment benefits. Note: Seasonal employers may not set up a Shared Work Plan to cover employees during the off-season.

Select the **Plan ID** from the drop-down. If there is only one current and unexpired plan, the **Plan ID** field will be populated with that plan.

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Shared Work Weekly Certification - Getting Started

User Information

Name: User ID:

Email Address: [Update E-mail Address](#)

Employer:

* indicates required information

General Information

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON SUNDAY AND ENDING ON SATURDAY.

Your Shared Work Weekly Certification is NOT COMPLETE until you have submitted and received a confirmation message on the Confirmation page.

To add certifications for a Benefit Week within the last three weeks from the current date, the following search criteria must be utilized: Plan ID and Benefit Week.

To make a correction to a Certification that has already processed the following search criteria must be utilized: Plan ID and SSN.

If you need assistance, please contact the Shared Work Department at ui_sharedwork@twc.state.tx.us.

Certification Information

Plan ID: *

Benefit Week: Choose One

Social Security Number:

Select the benefit week from the drop-down. The drop-down will only display six benefit weeks prior to the current date.

Select **Next**.

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Shared Work Weekly Certification - Getting Started Continued

User Information

Name: User ID:
Email Address: [Update E-mail Address](#)
Employer:

Certification Information

Plan ID: 122664 Approved, Start Date: Jul 14, 2019 End Date: Jul 31, 2020
Benefit Week: Choose One
Social Security Number:

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Hours and Earnings

Do not report any employee who did not physically work during the benefit week, and do not report any employee who worked their normal work hours.

Weekly certifications are submitted together in a single Comma-separated Values (CSV) file or they can be submitted one participating employee at a time.

Download the instructions and carefully read them.

To submit the weekly certification CSV file, download the **Certification List template**, complete it, save it then upload it. A confirmation message displays after the list is successfully uploaded.

If one or more employees has not filed an unemployment claim with UBS, an alert will display above the **Certification Information** section.

All participating employees will be listed in the **Certification List** section. The **Certification Status** column will show **Pending Certification** on all participating employees. The certifications can be viewed, edited, or removed.

Employer Benefit Services

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- Confirmation

Shared Work Weekly Certification - Hours and Earnings

User Information

Name: User ID:
Email Address: [Update E-mail Address](#)
Employer:

Certification Information

Plan ID: 122664
Benefit Week: July 21, 2019 to July 27, 2019
Social Security Number: (No response provided)

Upload Certification List

Download the instructions to complete the Certification List template from [here](#).
Download the Certification List template [file](#).
Once you have uploaded the file, you will receive a confirmation message. If you need assistance, please contact the Shared Work Department at ui_sharedwork@twc.state.tx.us.

File Name: [Choose File](#) No file chosen

[Upload](#)

Certification List

* Hours Worked includes any paid time off

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Name	Social Security Number	Benefit Week Ending Date	Claim Status	Hours Offered	Hours Worked*	Certification Status	Action
		Jul 27, 2019	Pending Claimant Action	25.00	25.00	Pending Certification	View Edit Remove
		Jul 27, 2019	Pending Claimant Action	0.00	0.00		Add
		Jul 27, 2019	Pending Claimant Action	0.00	0.00		Add
		Jul 27, 2019	Pending Claimant Action	0.00	0.00		Add

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To avoid an upload error, do not submit in the CSV file any employee who has not worked reduced hours for the filing week. Double check the CSV file before submitting it.

To add hours and earnings one participating employee at a time, select **Add** in the **Action** column.

Complete the required and requested fields.

Do not report any employee who did not physically work during the benefit week, and do not report any employee who worked their normal work hours.

If the number of hours the employee worked is outside the shared work range of hours in the plan, submit the employee's gross wages for that week.

If the employee did not accept any work offered, select the dates the employee did not accept all offered work hours and submit the reason the employee did not accept the offered work hours.

Select **Submit**.

Repeat the process for all employees being added then select **Return**.

The program returns to the **Shared Work Weekly Certification - Hours and Earnings** page.

Select **Next**.

Name	Social Security Number	Benefit Week Ending Date	Claim Status	Hours Offered	Hours Worked*	Certification Status	Action
		Jul 27, 2019	Pending Claimant Action	25.00	25.00	Pending Certification	View Edit Remove
		Jul 27, 2019	Pending Claimant Action	0.00	0.00		Add
		Jul 27, 2019	Pending Claimant Action	0.00	0.00		Add
		Jul 27, 2019	Pending Claimant Action	0.00	0.00		Add

Employer Benefit Services

Progress

Getting Started

Hours And Earnings

Review And Submit

Confirmation

Shared Work

Shared Work Weekly Certification - Hours and Earnings Information

User Information

Name:
User ID:
Email Address:
Update E-mail Address
Employer:

Hours and Earnings Information - Add

Plan ID: 122664
Name:
Social Security Number:
Normal Work Hours: 36
Shared Work Range Hours: 21 - 32
Benefit Week: July 21, 2019 to July 27, 2019
Number of work hours offered to the employee: 0.00
Number of hours the employee worked (include any paid time off): 0.00
Wages (Enter if the hours worked by the employee is not within the Shared Work Range Hours):
Did the employee not accept any work offered by the employer? (exclude any paid time off) Yes No
Date (s) the employee did not accept all offered work hours:
Month Day Year
Month Day Year
Reason for not accepting all of the offered work hours:
50 of 50 characters remaining
Submit Return

Review and Submit

Review the information you are submitting. Make sure it is for the week intended; the employees reported physically worked during the week being submitted; and all paid time off, such as vacation, holiday, and sick leave, is included as part of hours physically worked.

Certify the weekly certification by checking the box in the **Certification** section. The program will not allow the weekly certification to be submitted until it's certified.

Select **Submit**.

Employer Benefit Services

Shared Work

Progress
Getting Started
Hours And Earnings
Review And Submit
Confirmation

Shared Work Weekly Certification - Review and Submit

User Information
Name: User ID:
Email Address: [Update E-mail Address](#)
Employer: ;

* Indicates required information

! Your Shared Work Weekly Certification is NOT COMPLETE until you select the "Submit" button at the bottom of this page and receive a confirmation message.

! Carefully review your data for accuracy and make any necessary corrections. To make changes or corrections, select the "Previous" button and then select the "Edit" link on the participant row.

Certification Information
Plan ID:
Benefit Week: December 05, 2021 to December 11, 2021
Social Security Number: (No response provided)

Certification List
1-1 of 1
* Hours Worked includes any paid time off

Name	Social Security Number	Benefit Week Ending Date	Claim Status	Hours Offered	Hours Worked*	Wages	Certification Status
		Dec 11, 2021	Claim Created	24.00	24.00		Pending Certification

Certification
☐ ***** I certify that the individual(s) listed physically worked this week, accepted all work offered, and exceptions for not accepting work are noted. All paid time off, such as vacation, holiday, and sick leave, has been included as part of the hours physically worked. I also certify that all the reduction in work hours was as agreed upon in the Shared Work Plan and that the information above is true and correct.
Caution: Your Shared Work Plan Weekly Certification is NOT COMPLETE until you select the "Submit" button.

Submit Previous

Confirmation

The **Shared Work Weekly - Confirmation** page confirms that the weekly certification has been successfully submitted.

If another benefit week requires certification, select **Return to Weekly Certification**.

Select **Return to Shared Work Plan Information** or **Logoff**.

Employer Benefit Services

Shared Work

Progress
Getting Started
Hours And Earnings
Review And Submit
Confirmation

Shared Work Weekly Certification - Confirmation

User Information
Name: User ID:
Email Address: [Update E-mail Address](#)
Employer:

! Certifications were submitted successfully. Remember to certify your next Benefit Week Ending(BWE) hours and earnings.

Certification Information
Plan ID: 004842
Benefit Week: May 05, 2019 to May 11, 2019
Social Security Number: (No response provided)

Certified List
1-2 of 2
* Hours Worked includes any paid time off

Name	Social Security Number	Benefit Week Ending Date	Claim Status	Hours Offered	Hours Worked*	Certification Status
		May 11, 2019		30.00	30.00	Certified
		May 11, 2019		24.50	24.54	Certified

Return to Weekly Certification Return to Shared Work Plan Information

Weekly Certification Search

Weekly certifications can be searched for and viewed using the **Weekly Certification Search** page.

The search will give results from the beginning of the selected plan only.

Select the Plan ID from the drop-down.

Narrow the search by selecting the Plan ID and the benefit week for the month or Plan ID and SSN or Plan ID, benefit week, and SSN.

If you have questions about claim status, see **Shared Work Definitions** on page 16.

The screenshot shows the 'Weekly Certification Search' page. It includes a navigation bar with 'My Home', 'Inbox', 'Appeals', 'UI Tax Services', 'Work In Texas', 'Mass Claims', 'Shared Work', and 'Other Services'. A 'Quick Links' sidebar on the left lists various search options, with 'Weekly Certification Search' highlighted. The main search area contains fields for 'User Information' (Name, Email Address, Employer, User ID), a 'Search' section with a dropdown for 'Plan ID' and date pickers for 'Benefit Week' (From, To), and a 'Social Security Number' field. Below the search fields is a 'Certification List' table with columns: Name, Social Security Number, Benefit Week Ending Date, Date & Time Certification Filed, Certification Status, Claim Status, Date Claim Paid, Total Amount Paid, and Action. A note indicates '* Includes Multiple Payments'.

Corrections

Corrections can be made to an employee's hours and earnings for prior benefit weeks.

Select **Shared Work Weekly Certification** from **Quick Links**.

Select the correct Plan ID then enter the employee's SSN.

Do not select a benefit week.

Select **Next**.

Select **Correction** from the action column on the **Shared Work Weekly Certification - Hours and Earnings** page for the benefit week to be corrected.

Name	Social Security Number	Benefit Week Ending Date	Claim Status	Hours Offered	Hours Worked*	Certification Status	Action
June, Eve		Jun 22, 2019	Claim Created	30.00	20.00	Certified	View Correction
June, Eve		Jun 29, 2019	Claim Created	30.00	20.00	Certification On Hold	View Correction
June, Eve		Jul 06, 2019	Claim Created	19.00	19.00	Certified	View Correction
June, Eve		Jul 13, 2019	Claim Created	36.00	36.00	Certified	View Correction
June, Eve		Jul 20, 2019	Claim Created	28.00	28.00	Certified	View Correction

Make the corrections to the hours and earnings, certify that the information is correct then select **Submit**.

The screenshot shows the 'Shared Work Weekly Certification - Hours and Earnings Information' page. It includes a 'Progress' sidebar with 'Getting Started', 'Hours And Earnings' (selected), 'Review And Submit', and 'Confirmation'. The main form area contains 'User Information' fields, a 'Hours and Earnings Information - Correction' section with fields for Plan ID, Name, Social Security Number, Normal Work Hours, Shared Work Range Hours, Benefit Week, Number of work hours offered to the employee, Number of hours the employee worked, Wages, and a checkbox for 'Did the employee not accept any work offered by the employer?'. A red arrow points to the 'Wages' field. Below this is a 'Date (s) the employee did not accept all offered work hours' section with date pickers. A text area for 'Reason for not accepting all of the offered work hours' contains the text 'Late due to doctor's appt'. At the bottom is a 'Certification' section with a checkbox for certifying the information and 'Submit' and 'Previous' buttons.

Shared Work Definitions

- **Certification on Hold**

The Benefit Week is being reviewed by TWC to determine eligibility for payment for that week.

- **Claim Pending or Pending Claimant Action**

The claimant does not have a valid claim on file for the employer's Shared Work plan. This message can also occur if a claimant has never filed a claim through the Shared Work program, or their previous claim has expired. Shared Work claims are only valid for one year.

- **Exhausted Funds**

The employee has been paid **all** unemployment benefits they were awarded during their benefit year.

- **Ineligible Week**

Determination issued holding an employee ineligible to receive benefits payment for that week. TWC mails a letter to the employee informing him or her of the ineligibility and the reason for it. If the employee has any questions, he or she can call the Tele-Center at 1-800-939-6631.

- **Monetarily Ineligible**

The employee does not have enough wages during their base period (the first four of the last five completed calendar quarters before the start date of their claim) to qualify for unemployment benefits. Advise the employee to review the Statement of Wages and Potential Benefits and contact the Tele-Center at 1-800-939-6631 to report if their wages are incorrect.

- **Overpayment Recovery**

Payment for that week was used to pay off a prior overpayment. TWC sends the employee a letter explaining the overpayment. If the employee has questions, he or she can call the Tele-Center at 1-800-939-6631.

Shared Work Program Contact

Email: ui.sharedwork@twc.texas.gov

Fax: 512-936-3250