

## Shared Work Plan Participant Listing

If you have more than 7 people in an affected unit, photocopy this page for the additional names.  
If you have more than one affect unit, photocopy this page and complete it for each of the other units.

Employer Name and Work Site Address	Employer Registration Number	Date
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**Affected Unit Name:**

**Proposed Percentage Reduction<sup>1</sup>:**

Employee First Name	MI	Employee Last Name	Employee Social Security Number	Normal Working Hours <sup>2</sup>	Is this Employee Working for you in Seasonal, Temporary, or Intermittent Employment? (Yes or No)	Piece Worker (Yes or No)	Union Name & Local Number <sup>3</sup>	Effective Start Date on Shared Work <sup>4</sup>
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Number of employees in the affected unit: \_\_\_\_\_

Number of work sharing employees: \_\_\_\_\_

<sup>1</sup> Can be no less than 20% and no more than 60%

<sup>2</sup> Must be no more than 40 hours per week

<sup>3</sup> If employee is a Union member, the respective collective bargaining agent must concur (item 14)

<sup>4</sup> Required only for modifying an existing plan