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|  | **Shared Work Unemployment Insurance Compensation****Hours Worked Report*****Employer Name***  |  |
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| Employee Statement: |  |  |  |
|  |  |  |  |  |  |
| I claim shared work unemployment compensation for the week ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
| During this week I certify that I was able and available for the normal work and I worked for  |  |
| for Employer Name. I have not claimed benefits under any other State or Federal Unemployment |
| Insurance system. I will not receive any other type of pay for the reduced part of my workweek.  |
| I understand that the Division of Workforce Services Law prescribes severe penalties for |
| false statements. Other work is hours for part time work for another employer. |  |
|  |  |  |  |  |  |
| NAME | SIGNATURE | HOURS WORKED | SSN# | Other Work |  |
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| EMPLOYER STATEMENT: |  |  |  |
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| I certify that the work week of the above employees who normally work 40 hours was |  |
| reduced by\_\_\_\_\_\_\_\_hours the week ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
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|  | AUTHORIZED SIGNATURE |  | DATE |  |  |
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