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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: | | |  | | |  |  |
|  |  |  |  | | |  |  |
| I certify that the work week of the above employees who normally work 40 hours was | | | | | | |  |
| reduced by\_\_\_\_\_\_\_\_hours the week ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | |  |
|  |  |  |  | | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | AUTHORIZED SIGNATURE |  | DATE | | |  |  |
|  |  |  |  |  |