



INTERVIEWER'S
INITIALS
(EDD) USE ONLY

EMPLOYER'S WORK SHARING CERTIFICATION

LAST NAME Franks	FIRST NAME Jimmy D	SOCIAL SECURITY NUMBER 259-74-5388
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THIS FORM MAY BE USED FOR ONE WEEK OR TWO CONSECUTIVE WEEKS

	WEEK ONE Week Ending: 5/11/2001	WEEK TWO Week Ending: ___/___/___																		
1. Enter normal weekly wages.	\$ 600.00																			
2. Enter actual wages paid, (include overtime).	\$ 634.00																			
3. Enter percentage (%) of reduction due to Work Sharing.	105.67%																			
4. Enter normal weekly hours of work.	40.00																			
5. Enter actual hours worked, (include overtime).	40.00																			
6. Enter % pf hour reduction due to Work Sharing	100.00%																			
7. Did the employee refuse any work made available during hours scheduled off due t your Work Sharing Plan																				
8. Enter date(s) and hours used for Work Sharing reductions during this week, (example below)	<table border="1"> <thead> <tr> <th></th> <th><u>Date(s)</u></th> <th><u>Hours</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>05/06/2001</td> <td>0.00</td> </tr> <tr> <td>2</td> <td>05/07/2001</td> <td>0.00</td> </tr> <tr> <td>3</td> <td>05/08/2001</td> <td>0.00</td> </tr> <tr> <td>4</td> <td>05/09/2001</td> <td>0.00</td> </tr> <tr> <td>5</td> <td>05/10/2001</td> <td>0.00</td> </tr> </tbody> </table>		<u>Date(s)</u>	<u>Hours</u>	1	05/06/2001	0.00	2	05/07/2001	0.00	3	05/08/2001	0.00	4	05/09/2001	0.00	5	05/10/2001	0.00	
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4	05/09/2001	0.00																		
5	05/10/2001	0.00																		

9. Was employee absent from work for reasons other than Work Sharing including a holiday, jury duty, illness, personal leave, or vacation during this week.

Yes No Yes No

9a. If yes, was the absence approved?

Yes No Yes No

9b. Enter the date(s) and reason for the absence.

___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___

Reason: _____

I certify that the above information concerning the status of this company and the status/earnings of this employee for the purpose of participating in the Work Sharing program is true and correct. At least two employees participated and not less than ten percent of the regular permanent work force, involved in affected work unit(s), participated in the Work Sharing program for at least one week of a two consecutive week period.

Name and Address of Company Timberline Construction P.O. Box 728 15195 NW Greenbrier Parkway Beaverton, OR 97006	Printed Name of Signee - _____	Date Issued to Employee - ___/___/___
	Title - _____	Employer Phone Number - 530-226-5151
	Original Signature - _____	Employer Account Number - _____

NOTE: This form must be issued to the employee **WITHIN FOURTEEN DAYS** after the last week ending date shown above.

CLAIMANT'S WORK SHARING CERTIFICATION
 Special Claims Office, ARU 850 - P.O. Box 419076 - Rancho Cordova, CA 95741-9076



INTERVIEWER'S
INITIALS
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EMPLOYER'S WORK SHARING CERTIFICATION

LAST NAME Grant	FIRST NAME Randy P	SOCIAL SECURITY NUMBER 248-32-1578
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THIS FORM MAY BE USED FOR ONE WEEK OR TWO CONSECUTIVE WEEKS

	WEEK ONE Week Ending: 5/11/2001	WEEK TWO Week Ending: ___/___/___																		
1. Enter normal weekly wages.	\$ 0.00																			
2. Enter actual wages paid, (include overtime).	\$ 645.44																			
3. Enter percentage (%) of reduction due to Work Sharing.	0.00%																			
4. Enter normal weekly hours of work.	40.00																			
5. Enter actual hours worked, (include overtime).	40.00																			
6. Enter % pf hour reduction due to Work Sharing	100.00%																			
7. Did the employee refuse any work made available during hours scheduled off due t your Work Sharing Plan																				
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9. Was employee absent from work for reasons other than Work Sharing including a holiday, jury duty, illness, personal leave, or vacation during this week.

Yes No Yes No

9a. If yes, was the absence approved?

Yes No Yes No

9b. Enter the date(s) and reason for the absence.

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Reason: _____

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