

# SharedWork Ohio Guide

for Participating Employers and Employees



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# What is SharedWork Ohio?

## What Is SharedWork Ohio?

SharedWork Ohio (SWO) is a voluntary layoff avoidance program that allows workers to remain employed and employers to retain trained staff during times of reduced business activity. Under an SWO plan, eligible employers will reduce affected employees' weekly work hours between 10 and 50 percent. Participating employees will work the reduced schedule, and the Ohio Department of Job and Family Services (ODJFS) will pay them a prorated unemployment benefit.

The SWO program is not meant to be adopted indefinitely as an ongoing business practice, and it cannot be used for seasonal employees (as defined by Ohio Revised Code [ORC] 4141.33). It also cannot supersede or conflict with other valid employment agreements.

## Advantages of Using SWO

SWO allows employers to retain their skilled workforce, eliminate the time and expense of recruiting and training new workers, and maintain existing employee benefits. It may prevent workers from being permanently laid off due to a lack of work or business closure. Participating employees can remain with their employer and do not have to search and train for a new job.

To be considered for the program, employers must submit an application and a participant list. An approved SWO plan can be in effect for up to 52 weeks. The weeks do not need to be consecutive.

Additional program information can be found at [jfs.ohio.gov/ouc/SharedWorkOhio](https://jfs.ohio.gov/ouc/SharedWorkOhio) or by calling (866) 733-0025, Option 3.

# Definitions

**Affected unit** – a department, shift or other organizational unit of two or more employees designated by an employer in a SharedWork Ohio plan

**Approved SharedWork Ohio plan** – an employer’s SharedWork Ohio plan that meets all program requirements and has been approved in writing by the director of the Ohio Department of Job and Family Services

**Intermittent basis** – employment that is not continuous and may consist of intervals of weekly work and no weekly work

**Normal weekly hours of work** – the weekly work hours of an employee in an affected unit when that unit is operating on a full-time basis, not to exceed 40 hours and not including overtime

**Participating employee** – an employee whose normal weekly work hours are reduced by the percentage specified in an approved SharedWork Ohio plan

**Participating employer** – an employer with an approved SharedWork Ohio plan in effect

**Reduction percentage** – the percentage a participating employee’s normal weekly work hours is reduced under an approved SharedWork Ohio plan

**Seasonal basis** – employment in an industry that, because of climatic conditions or the seasonal nature of the industry, operates only during regularly recurring periods of 40 weeks or less in any consecutive 52 weeks

**SharedWork Ohio benefit** – the share of unemployment benefits payable to an employee participating in an approved SharedWork Ohio plan; this does not include unemployment benefits otherwise payable to an eligible participating employee who is totally or partially unemployed

**Temporary basis** – employment in which an employee is expected to remain in a position for only a limited time or is hired by a temporary agency to fill a gap in the employer’s workforce

**Total compensated hours** – the number of hours an employer has paid a participating employee in a given week, including hours worked and any approved paid leave (such as vacation or sick leave); any unpaid leave, even if approved by the employer, does NOT count as total compensated hours and may affect eligibility for SharedWork Ohio benefits



# Eligibility Requirements

## Employer Requirements

**To be eligible for participation in the SWO program, employers must:**

- Reduce an affected unit's hours to avoid layoffs.
- Be registered with Ohio's unemployment insurance (UI) program, have a UI account number, and have access to the Ohio Job Insurance benefit system.
- Be current on all UI reports, contributions, reimbursements, penalties and interest.
- Agree to provide any information requested by ODJFS for the administration of the program.
- Pay employees hourly or, if they are salaried, convert them to hourly pay.

**Employers are ineligible for the SWO program if they:**

- Are a seasonal employer, as defined by ORC Section 4141.33.
- Are not required to pay UI taxes.
- Do not meet other program requirements established by ORC Section 4141.51.

## Employee Requirements

**To qualify for SWO benefits, participating employees must:**

- Be employed year-round, full-time or part-time, with the SWO employer.
- Be able and available for work with the SWO employer for the normal weekly hours of work.
- Meet certain eligibility requirements for unemployment benefits.
- Submit an application for unemployment benefits at [unemployment.ohio.gov](https://unemployment.ohio.gov).

**Employees are considered ineligible for SWO benefits if they:**

- Are seasonal employees.
- Are students hired for an internship.
- Have an active disqualification from receiving unemployment benefits.

Employees are not required to participate in an SWO program. However, employees who do not wish to participate initially but then later decide to participate will not have their applications back-dated to the starting date of the plan.

# How are SWO Benefits Calculated?

The Ohio Job Insurance system calculates SWO benefits by multiplying the participating employee's weekly unemployment benefit amount by the reduction percentage in the approved SWO plan. Any additional work with other employers will affect the benefit amount. (See the Outside Employment section of this document.) During shutdown weeks, participating employees may be eligible for full unemployment benefits.

## Example

ABC Company is approved for an SWO plan, which calls for a 20 percent reduction in hours. Bob works for ABC Company and qualifies for UI benefits with a weekly benefit amount of \$300. His SWO benefit will be 20 percent of that, or \$60 a week.

## Plan Requirements

### Employers

**Employers who wish to participate in the SWO program must do the following, per ORC Section 4141.51:**

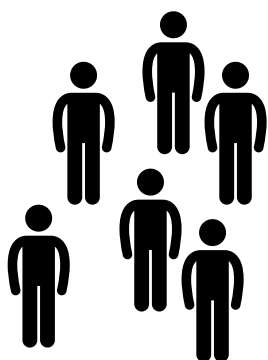
- Designate a minimum of two participating employees from each affected unit.
- Provide the name, Social Security number (SSN), affected unit and normal weekly work hours for each participating employee.
- Estimate the number of employees who would be laid off without participation in the SWO program.
- Describe how the program will be implemented, including the proposed reduction percentage for the affected unit (10 to 50 percent) and any anticipated temporary closures for equipment maintenance or other reasons while the plan is in effect.
- Provide a plan for notifying employees in advance of the work reduction or an explanation for why prior notice is not feasible.

**Employers also must provide the following assurances:**

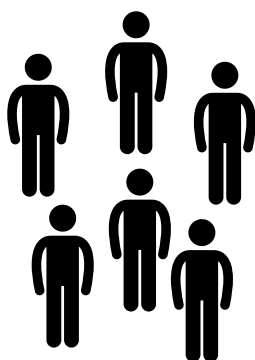
- That the purpose of the SWO plan is to prevent layoffs.
- That they will maintain any existing employee benefits that non-participating employees receive, such as health and dental insurance, pension plans, paid vacation, employer-sponsored retirement plans, etc.  
NOTE: Employers should inform employees if any employer-contributed benefits will be reduced because they are based on a percentage of earnings.
- That they will notify ODJFS in advance of any changes in business ownership, and that they will notify any potential new owners of the SWO plan prior to the sale or transfer of ownership.
- That the implementation of the SWO plan will not cause the employer to be in violation of any applicable federal or state laws.
- That participating employees may take part in employer- and ODJFS-approved training to enhance their job skills, and that any hours spent in approved training will count as work hours.
- That they are current and will remain current on all UI reports, contributions, reimbursements, interest and penalties while the plan is in effect.
- That they will not reduce a participating employee's hours by more than the reduction percentage. The only exceptions are if the business closes temporarily for equipment maintenance or if the employee takes approved paid time off and the combined work and leave time equal the number of hours the employee would have worked under the plan.
- That no participants are seasonal, temporary or intermittent employees.

## Affected Units

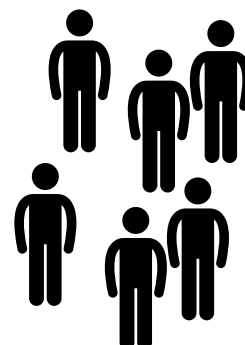
An affected unit consists of at least two employees who perform similar work in employment covered by state and federal UI law. Employees who do different work but whose jobs affect one another may be included in one affected unit. Employers can establish multiple SWO plans with different reduction percentages for each affected unit, depending on their business needs.



**Unit A**  
20%



**Unit B**  
40%



**Unit C**  
50%

# Applying for a SharedWork Ohio Plan

An employer who wishes to have an SWO plan must submit an application online at [jfs.ohio.gov/ouc/SharedWorkOhio](http://jfs.ohio.gov/ouc/SharedWorkOhio). ODJFS will review the application and send written notification approving or denying it within 30 days of receipt.

If an employer does not meet all of the SWO requirements, ODJFS will attempt to contact the employer and provide assistance. If the employer is still unable to meet all requirements within the 30-day review period, the plan will be denied. Decisions regarding SWO applications are final and not appealable. However, the employer may submit another plan.

Applications must be completed and submitted no less than 30 days prior to the requested start date. Incomplete applications will result in a delayed response.

SWO plans become effective on the Sunday following the date they are approved. They expire on the Saturday of the plan's 52nd calendar week. To submit an application, employers must be registered with Ohio's UI program, have a UI account number, and have access to the Ohio Job Insurance (OJI) benefit system at [unemployment.ohio.gov](http://unemployment.ohio.gov). Employers that do not have access to OJI must first register for an account. Please call (614) 466-4047 to obtain a registration code or if you have forgotten your password. Then follow the step-by-step directions listed below.

## Registering a New Account

Step  
1

Visit  
[unemployment.ohio.gov](http://unemployment.ohio.gov).

Step  
2

Select  
"Unemployment  
Benefits (OJI)" or  
"Benefits" (both  
located in the blue  
box labeled Employers &  
Representatives).





**Step  
3**

Select "I Agree" after reviewing the Release of Information.

Office of Unemployment Insurance Operations

**Release of Information**

The following screens are intended for the explicit use of Employers and their Representatives for the purpose of conducting Unemployment Compensation business. Information requested for eligibility of unemployment claims is required pursuant to Ohio Revised Code Section 4141.20. The information that is submitted is not open to the public.

I am aware that the information I provide must be true and correct. I understand that there are penalties for making false statements and for failing to furnish information as required by the director.

 I Agree Cancel**Step  
4**

Click on the link "Register Now"

Office of Unemployment Insurance Operations

**Employers****Employer Login**

User Name

Password

 Login

Not Registered?  
[Register now](#) | [Register TPA](#)

**New OSHA Reporting Requirements**

Effective January 1, 2015, the federal government requires employers to report the following information to the Occupational Safety and Health Administration (OSHA).

• All work-related fatalities...

[Read More](#)**Step  
5**

Enter your employer information and the registration code provided to you by ODJFS. (See the instructions on page 6 for obtaining a registration code.)

Office of Unemployment Insurance Operations

**Employer Contact Registration (Step 1 of 3)****Employer Information**

\*UI Account #

[Help Text](#)

\*Plant #

(Enter 000 if no plant location exists.)

\*Federal Tax ID (FEIN)

\*Registration Code

 Next Cancel**Step  
6**

Enter your personal contact information to create your user name and temporary password.

Office of Unemployment Insurance Operations

**Employer Contact Registration (Step 2 of 3)****Personal Information**

\*First Name

[Help Text](#)

Middle Initial

\*Last Name

\*Contact Phone Number

( ) - - Ext

 Next Cancel**Step  
7**

Make note of your user name and temporary password.

Office of Unemployment Insurance Operations

**Employer Registration Completion****Completion Message**

Please print this screen and retain it for future reference.

Your registration was a success! Your system username is: [REDACTED]

You can login to the system using your username and password: [REDACTED] at the [Login Screen](#).

**Step 8**

Log in using your user name and temporary password.

**Step 9**

Change your password. Your password must be 8 characters and contain numbers and letters.

## Logging into an Existing Account

**Step 1**

Visit **unemployment.ohio.gov**.

**Step 2**

Select "Unemployment Benefits (OJI)" or "Benefits" (both located in the blue box labeled Employers & Representatives).

**Step 3**

Select "I Agree" after reviewing the Release of Information.

Office of Unemployment Insurance Operations

**Release of Information**

The following screens are intended for the explicit use of Employers and their Representatives for the purpose of conducting Unemployment Compensation business. Information requested for eligibility of unemployment claims is required pursuant to Ohio Revised Code Section 4141.20. The information that is submitted is not open to the public.

I am aware that the information I provide must be true and correct. I understand that there are penalties for making false statements and for failing to furnish information as required by the director.

[I Agree](#)[Cancel](#)**Step 4**

Enter your user name and password, then select Login.

Office of Unemployment Insurance Operations

**Employers****Employer Login**

User Name

Password

[Login](#)

Not Registered?

[Register now](#) | [Register TPA](#)**New OSHA Reporting Requirements**

Effective January 1, 2015, the federal government requires employers to report the following information to the Occupational Safety and Health Administration (OSHA):

- All work-related fatalities...

[Read More](#)

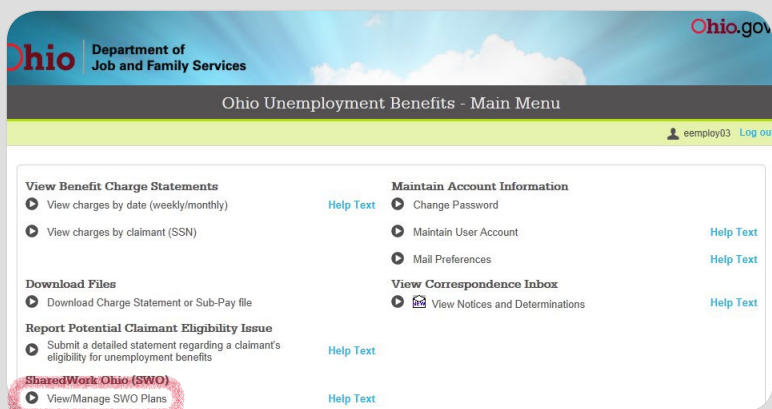
## Submitting an SWO Application

**Step 1**

Log into your account.

**Step 2**

Select "View/Manage SWO Plans" from the Main Menu.



### Step 3

Click Add to start entering information.



Once an application is started, it does not need to be completed during the same session. All required fields (indicated by an asterisk \*) must be completed in order to save a page. Leaving the application prior to saving may result in a loss of data. If an incomplete application is saved, the status will display as incomplete on the Plan Summary screen.

### Step 4

#### Work Unit Description

Enter the name of the affected unit.

**Proposed # in the Plan** Enter the number of individuals proposed to participate in the plan.

**Percentage of Reduction** Enter the percentage by which participants' normal weekly hours will be reduced (must be between 10 and 50 percent).

### Step 5

Carefully read and answer **all** questions.



**Step  
6**

To attach a document:

1. Click Browse.
2. Select the file to upload and click Open.
3. When the file name appears in the Add Attachment box, click Add.



Attached items can be viewed at any time. Participant lists should NOT be attached via this screen; they will be attached later in the application.

**Step  
7**

Enter the name of the individual who will review SWO correspondence at the affected worksite.

Enter the worksite address of the affected unit.

**Step  
8**

Enter all information for the plan contact person.

Select the method by which you would like to receive SWO correspondence and the destination for the correspondence.



If you prefer to receive email correspondence, you must enter an email address. If you select U.S. Mail as your preferred correspondence method and Worksite as your preferred destination, you will receive correspondence at the address listed on this screen. If you select U.S. Mail and Employer or TPA, correspondence will be sent to the address ODJFS has on file. ODJFS strongly encourages employers to choose email as their preferred correspondence method.

**Step  
9**

If you anticipate any temporary closures during the plan, click Add.

Ohio Department of Job and Family Services

SharedWork Ohio (SWO) Plan Shutdown Summary

eeemploy03 Log out

Please provide the details regarding any temporary closure(s) for equipment maintenance or other similar circumstances that will occur within the next 18 months. Each closure should be added separately, providing the start and end date and an explanation describing why each closure is needed. Please make every effort to provide all closures at this time; however you can request a modification to your plan to add closures at a later date.

Result(s): 0 Found [Help Text](#)

| Start Date                                                                                                   | End Date | Reason for Shutdown |
|--------------------------------------------------------------------------------------------------------------|----------|---------------------|
| <input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> |          |                     |

[Main Menu](#) [Next-->](#)



A shutdown should be entered when an entire affected unit will be off work for an entire week (Sunday–Saturday) for such things as equipment maintenance or similar circumstances. During shutdowns, participants are not eligible for SharedWork Ohio benefits, but they may be eligible for unemployment benefits.

**Step  
10**

Enter the start date, end date and reason for the shutdown. Click OK to add the shutdown to the plan.

Ohio Department of Job and Family Services

SharedWork Ohio (SWO) Plan Detail - Shutdown Detail

eeemploy03 Log out

Shutdown Detail [Help Text](#)

\*Start Date

\*End Date

\*Reason

**Step  
11**

To add more shutdowns, click Add and follow the steps above. When you have finished entering shutdowns, click Next.

Ohio Department of Job and Family Services

SharedWork Ohio (SWO) Plan Shutdown Summary

eeemploy03 Log out

Please provide the details regarding any temporary closure(s) for equipment maintenance or other similar circumstances that will occur within the next 18 months. Each closure should be added separately, providing the start and end date and an explanation describing why each closure is needed. Please make every effort to provide all closures at this time; however you can request a modification to your plan to add closures at a later date.

Result(s): 1 Found [Help Text](#)

| Start Date | End Date   | Reason for Shutdown |
|------------|------------|---------------------|
| 08/09/2015 | 08/15/2015 | reason for shutdown |

[Main Menu](#) [Next-->](#)

## Step 12

Click Add Potential Participants.



You have two options for entering participating employee information:

1. Upload the information using the template provided by ODJFS.
2. Enter the participant information manually.

## Uploading Participants

### Step 1

Select **CLICK HERE** to access the template and review important requirements.

**Step 2**

Review the upload instructions and important requirements on this page.

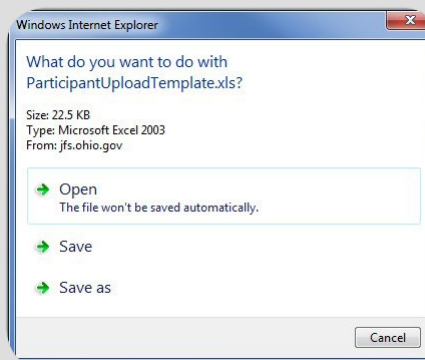
When you are ready to enter participant information, click Participant Upload Template.



Depending on your computer, the next few steps may be different from what is necessary for your system to open, edit and save the file.

**Step 3**

Click Open to start Microsoft Excel.

**Step 4**

Enter the first participant on this line to **REPLACE** the example information. Otherwise, the system will try to upload the example as a participating employee. When you have entered all required information, click File.

|   | A                                    | B                        | C                       | D                    | E | F | G | H | I | J | K |
|---|--------------------------------------|--------------------------|-------------------------|----------------------|---|---|---|---|---|---|---|
| 1 | Participant's Social Security Number | Participant's First Name | Participant's Last Name | Normal Hours of Work |   |   |   |   |   |   |   |
| 2 | 111111111                            | Participating            | Employee                | 40                   |   |   |   |   |   |   |   |

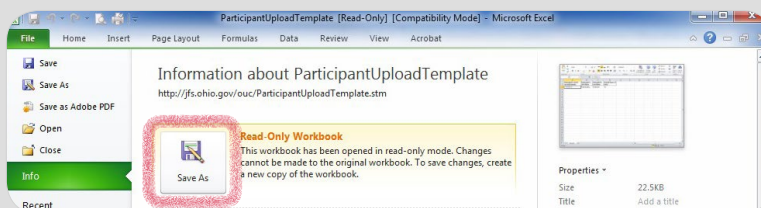


Enter the normal hours of work for each employee when his/her unit is operating on a full-time basis, not to exceed 40 hours and not including any overtime worked. Part-time employees' hours should reflect their actual work hours, not a full-time 40-hour work week.

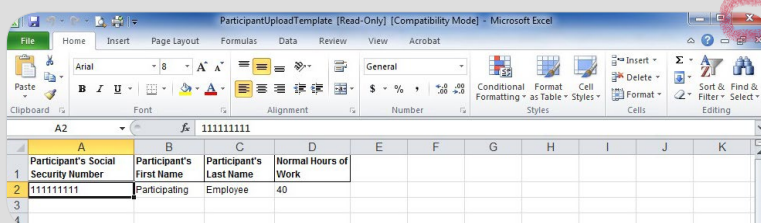


**Step 5**

Click **Save As** to save the document to your computer.

**Step 6**

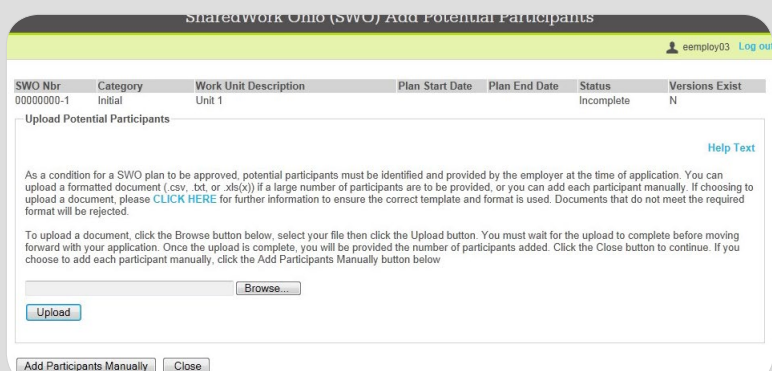
After the document is saved, click the 'X' to close Excel.

**Step 7**

Close the tab by clicking the 'X'.

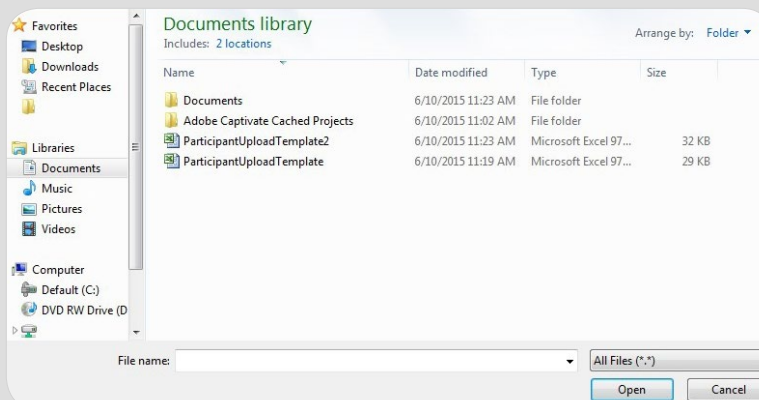
**Step 8**

Click **Browse** to locate the document.



**Step 9**

Navigate to the location where the document is saved. Select the document and click Open.

**Step 10**

Click Upload to enter the participating employees' information into OJI.

**Step 11**

Click "Close" to view the participant summary.

The sample Participant Summary above states that three employees were added with no exceptions. Exceptions are records that need further review or action before the upload can be completed. If you receive an exception notification, review the Exceptions/Errors chart on page 59 for an explanation or visit [jfs.ohio.gov/ouc/SharedWorkOhio](http://jfs.ohio.gov/ouc/SharedWorkOhio). Exceptions are shown at the bottom of the screen, with the reason for the error.



# Manually Adding Participants

**Step  
1**

Click Add Potential Participants.

SharedWork Ohio (SWO) Participant Summary

eeemploy03 Log out

| SWO Nbr    | Category | Work Unit Description | Plan Start Date | Plan End Date | Status     | Versions Exist |
|------------|----------|-----------------------|-----------------|---------------|------------|----------------|
| 00000000-1 | Initial  | Unit 1                |                 |               | Incomplete | N              |

Participant Filter  
☐ All Participants ☐ All Exceptions

Participant Search  
 Social Security Number

Search Result(s): 3 Found Exceptions Exist = N Number of Participants: 3

| Participant                                    | SSN   | Normal Hours | Proposed Hours | Participation Start Date | Participation End Date |
|------------------------------------------------|-------|--------------|----------------|--------------------------|------------------------|
| <input type="radio"/> A Participating Employee | ***** | 40.00        | 32.00          |                          |                        |
| <input type="radio"/> B Participating Employee | ***** | 40.00        | 32.00          |                          |                        |
| <input type="radio"/> C Participating Employee | ***** | 40.00        | 32.00          |                          |                        |

Main Menu **Add Potential Participants** Edit Delete



In this example, the number symbol (#) is used to represent Social Security numbers. When logged into your employer account, you will see the actual Social Security numbers.

**Step  
2**

Click "Add Participants Manually."

SharedWork Ohio (SWO) Add Potential Participants

eeemploy03 Log out

| SWO Nbr    | Category | Work Unit Description | Plan Start Date | Plan End Date | Status     | Versions Exist |
|------------|----------|-----------------------|-----------------|---------------|------------|----------------|
| 00000000-1 | Initial  | Unit 1                |                 |               | Incomplete | N              |

Upload Potential Participants

As a condition for a SWO plan to be approved, potential participants must be identified and provided by the employer at the time of application. You can upload a formatted document (.csv, .txt, or .xls(x)) if a large number of participants are to be provided, or you can add each participant manually. If choosing to upload a document, please [CLICK HERE](#) for further information to ensure the correct template and format is used. Documents that do not meet the required format will be rejected.

To upload a document, click the Browse button below, select your file then click the Upload button. You must wait for the upload to complete before moving forward with your application. Once the upload is complete, you will be provided the number of participants added. Click the Close button to continue. If you choose to add each participant manually, click the Add Participants Manually button below

**Add Participants Manually**

**Step  
3**

Enter the first name, last name, Social Security number and normal weekly hours of each potential participant. Up to five employees may be added at a time.

For Normal Hours, enter the hours typically worked in a week when the unit is operating on a full-time basis, not to exceed 40 hours and not including any overtime worked. For part-time employees, enter their hours typically worked in a week. If an employee's hours fluctuate, and sometimes amount to less than 40 hours a week, use the average hours from the past year.

SharedWork Ohio (SWO) Add Potential Participants

eeemploy03 Log out

| SWO Nbr    | Category | Work Unit Description | Plan Start Date | Plan End Date | Status     | Versions Exist |
|------------|----------|-----------------------|-----------------|---------------|------------|----------------|
| 00000000-1 | Initial  | Unit 1                |                 |               | Incomplete | N              |

Manually Add Potential Participants

First Name  Last Name   
 Participant SSN  Normal Hours

First Name  Last Name   
 Participant SSN  Normal Hours

## Step 4

After all participant information has been entered, click Save.

## Step 5

The system will confirm the number of participants processed and advise whether there are any exceptions that need to be reviewed.



Exceptions are records that need further review or action before the filing process can be completed for the record. If you receive an exception notification, review the Exceptions/Errors chart on page 59 for an explanation or visit [jfs.ohio.gov/ouc/SharedWorkOhio](https://jfs.ohio.gov/ouc/SharedWorkOhio). Exceptions are shown at the bottom of the screen, with the reason for the error.

## Step 6

Continue to add five participants at a time.

Click Save after each set of five is added. When all participants have been added, click Close.

## Step 7

After all participants are added, click Next.



**Step  
8**

Provide any additional details regarding the plan, such as a desired start date. ODJFS will try to accommodate starting date requests but reserves the right to a 30-day review. Select Save when finished. Then click Save and Next.

SharedWork Ohio (SWO) Plan Comments

eemploy03 Log out

Plan Comments

Help Text

Please enter any additional details into the text box below that you feel pertain to your plan application for the SWO program. This information will be reviewed by agency staff prior to processing your application. In addition, please provide any comments regarding your online experience with the self-service SWO plan application.

Comments (Character limit: 500 characters)

Main Menu Save Save and Next->

**Step  
9**

Select the appropriate Plan Submission statement and click Submit.

SharedWork Ohio (SWO) Plan Submission

eemploy03 Log out

Plan Submission

☐ I wish to submit this SharedWork Ohio plan for approval.

☐ I wish to change the details of this SharedWork Ohio plan before submitting it for approval.

☐ I do not wish to submit this SharedWork Ohio plan for approval.

SUBMIT Main Menu

**Step  
10**

Your application has been submitted for review!

The status is Pending. See the Plan Application Status Types on page 60. Your application will be reviewed, and you will receive a notice approving or denying your plan within 30 days.

SharedWork Ohio (SWO) Plan Summary

eemploy03 Log out

Result(s): 1 Found

Help Text

| SWO Nbr    | Category | Work Unit Description | Plan Start Date | Plan End Date | Status  | Versions Exist |
|------------|----------|-----------------------|-----------------|---------------|---------|----------------|
| 00000000-1 | Initial  | Unit 1                |                 |               | Pending | N              |

Main Menu Add Delete File Weeks

View/Edit Select One Go

# Modifications

If an employer needs to adjust an approved plan, they may submit a request online to modify the plan. **Modifications should be requested to: 1) add time periods for unanticipated shutdowns, 2) add employees to a plan or an affected unit, 3) remove employees from a plan or an affected unit, or 4) change a reduction percentage.** Only one modification can be processed per week with regard to changing the reduction percentage or adding employees to a plan. It is important to submit modifications in a timely manner. Modifications are not effective until approved.

Once a modification is approved, it supersedes the original plan. **The effective date of the modified plan will be the Sunday following the date of approval. However, the expiration date of the original plan will still be in effect.** If a modification request is denied, the original plan will continue unless a new modification request is submitted and approved.

ODJFS will review all modification requests for program compliance and send written notification approving or denying them no later than 10 business days after the date received. Plan modification without agency approval may result in termination of the plan.

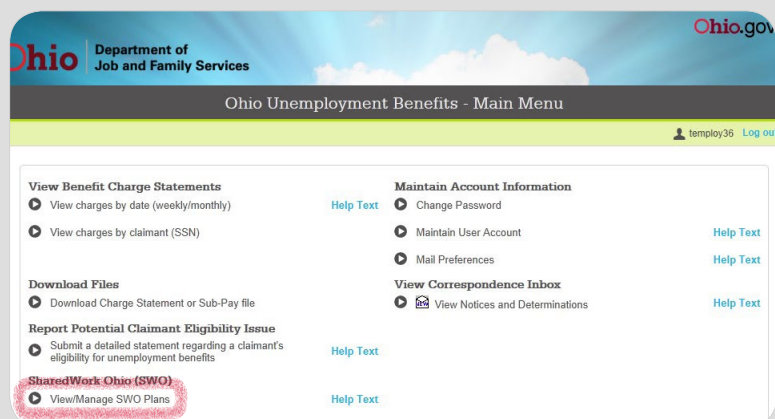
## Submitting a Plan Modification Request

Step  
1

Log into your account.

Step  
2

From the Main Menu, select View/Manage SWO Plans.



**Step 3**

Select the plan you wish to modify, then select View/File Modification Request from the drop-down box and click Go.

SharedWork Ohio (SWO) Plan Summary

templay36 Log out

Result(s): 1 Found [Help Text](#)

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Main Menu Add Delete File Weeks

View/Edit Select One Go

- Select One
- Finish Incomplete Application
- View Employer-Filed Weeks
- View Plan Details
- View Plan History
- View Plan Participants
- View Plan Shutdowns
- View/Edit Worksite or Contact Information
- View/File Modification Request

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 User: templay36 Date: 07/20/2016 Build: @BUILD@

**Step 4**

Click Add to add a new modification request.

SharedWork Ohio (SWO) Plan Modification Request Summary

templay36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Result(s): 1 Found

| SWO Nbr     | Request Date | Request Type       | Request Entered By | Request Status |
|-------------|--------------|--------------------|--------------------|----------------|
| 000000000-2 | 04/03/2015   | Add Participant(s) | null               | Approved       |

Main Menu Add View Submit Request Return to Plan Summary

**Step 5**

Select the type of modification that you are requesting and click Go.

SharedWork Ohio (SWO) Plan Modification Request

templay36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

SWO Request

Request Type Select One Go Return to Request Summary

- Select One
- Add Participant(s)
- Add/Edit Shutdown
- Modify Plan Percentage
- Modify Plan Percentage & Add Participant(s)
- Other
- Remove Participant(s)
- Terminate SWO Plan

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 07/20/2016 Build: @BUILD@



**Only one modification can be approved per week.** If you need to change the plan percentage and add participants at the same time, be sure to select Modify Plan Percentage & Add Participant(s) instead of submitting a separate request for each.

## Step 6

The type of modification requested will show in the Request Type section (pictured at right), indicating the information you need to provide.

- Enter all required information. If needed, you may attach documents to your modification request.
- Click Submit Request when finished.

This request allows you to add a participant or participants to an existing SWO plan. An explanation must be provided detailing why you are adding additional participants to your plan. This explanation can be provided in the explanation box below. You will be navigated to a screen that will allow you to enter the participant details.

\*Request Type

Add Participant(s)

This request allows you to add or modify a shutdown in accordance with your SWO plan. You must provide the start date and end date of your shutdown(s) and the reason for each shutdown period. If you are requesting to modify a shutdown, you must also provide the original start date and end date of the shutdown you are modifying. Past shutdowns cannot be modified via this request. This information can be provided in the explanation box below, or by uploading an attachment.

\*Request Type

Add/Edit Shutdown

This request allows you to modify your SWO plan reduction percentage. Please provide the new percentage in the designated box below. As a reminder, plan reduction percentages must be between 10% and 50%. Additionally, an explanation must be provided detailing why you are requesting this modification. This explanation can be provided in the explanation box below, or by uploading an attachment.

\*Request Type

Modify Plan Percentage

This request allows you to modify your SWO plan reduction percentage AND add a participant or participants to an existing SWO plan. Please provide the new percentage in the designated box below. As a reminder, plan reduction percentages must be between 10% and 50%. An explanation must be provided detailing why you are requesting this modification to your plan percentage, and why you are adding additional participants to your plan. This explanation can be provided in the explanation box below. You will be navigated to a screen that will allow you to enter the participant details.

\*Request Type

Modify Plan Percentage & Add Participant(s)

This request allows you to submit a request that doesn't fall within the other options provided. In the explanation box below, please explain -in detail- how you'd like to modify your plan. Please include any relevant dates and/or participating employee information (name, social security number, etcetera).

\*Request Type

Other

This request allows you to remove a participant or participants from an existing SWO plan. Please provide the full name, social security number, and date of removal for each participant you want to remove. Additionally, an explanation must be provided detailing why you are removing each of these participants from your plan. This information can be provided in the explanation box below, or by uploading an attachment.

\*Request Type

Remove Participant(s)

This request allows you to terminate an existing SWO plan. Please provide the termination date in the box below. IMPORTANT: The effective date of your termination will be the Saturday PRIOR TO the date you provide. Please take this into consideration when entering your termination date. An explanation must be provided detailing why you are requesting this termination. This information can be provided in the explanation box below, or by uploading an attachment.

\*Request Type

Terminate SWO Plan

## Step 7

Carefully read and answer all of the certification questions. When you're done, click Certify & Submit.

### SWO Request

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

[Help Text](#)

\*Request Type

\*Percentage Of Reduction

\*Total Number of Participants Processed

Request Explanation

- Does this plan modification result in a change in the number of layoffs that would have occurred if your company did not have the option to participate in the SharedWork Ohio program?  
If yes, please indicate the revised number of layoffs avoided.
- Please certify that the reduction in the number of hours worked by participating employees under the SharedWork Ohio plan is in lieu of layoffs. ☐ Yes ☐ No
- Please certify that you provided advanced notice to the employees affected by this modification.  
If no, please explain the reason for not providing the advanced notice.
- Please certify that none of the participating employees are seasonal, temporary, or intermittent employees. ☐ Yes ☐ No
- Please certify that you understand that participating employees are permitted to pursue agency-approved training to enhance job skills, as you deem appropriate, including employer-sponsored training or work training funded under the Workforce Investment Act of 1998, as amended. ☐ Yes ☐ No
- Please certify that health, medical and retirement benefits continue to be provided to participating employees under the same terms and conditions as though normal hours of work of the employees has not been reduced, or to the same extent as other employees not participating in the program. ☐ Yes ☐ No
- Please attest that the terms and implementation of this modified plan are consistent with your obligations as an employer under applicable state and federal laws. ☐ Yes ☐ No
- Please certify that you will promptly notify the Agency of any changes to the business, including the sale or transfer of the business, either whole or in part, including notifying the successor of such a transfer or sale. ☐ Yes ☐ No
- Please certify that you are current and will remain current on all reports, contributions, reimbursements, interest, and penalties due to the Office of Unemployment Compensation as of the date of the modified plan application and through out the duration of the SharedWork Ohio plan. ☐ Yes ☐ No
- Please certify that participating employees' normal hours will not be reduced by more than the reduction percentage, except in the event of a temporary closure for equipment maintenance, or when the employee takes approved time off during the week with pay and the combined work hours and paid leave hours equal the number of hours the employee would have worked under the plan. ☐ Yes ☐ No

I certify that the information provided is true and accurate.

[Return](#) [Certify & Submit](#) [Cancel](#)

**Step  
8**

Click Return to Plan Summary.

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Result(s): 2 Found

| SWO Nbr     | Request Date | Request Type           | Request Entered By | Request Status |
|-------------|--------------|------------------------|--------------------|----------------|
| 000000000-3 | 07/20/2015   | Modify Plan Percentage | Test Employer      | Pending        |
| 000000000-2 | 04/03/2015   | Add Participant(s)     | null               | Approved       |

Main Menu Add View Submit Request **Return to Plan Summary**



The request status will display as Pending. Note that the plan number will change. An original plan number will end with a dash-one (-1). Each time a modification is entered, the version number will increase by one (-2, -3, etc.).

**Step  
9**

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Result(s): 1 Found

Main Menu Add Delete File Weeks

View/Edit Select One Go



The Plan Summary screen will display the current approved plan. The plan number will not change until the modification is approved by the agency. When approved, the modification becomes effective the following Sunday.



# Terminating a Plan

SWO plans may be terminated by an employer or by the agency. Employers may request a plan termination at any time by submitting an online modification request to terminate the plan. ODJFS may terminate an approved plan for “good cause.” “Good cause” may include any of the following:

- The approved plan does not comply with the terms and conditions stated in the plan (see the Plan Requirements section of this guide).
- The participating employer has failed to comply with the assurances given in the approved plan (see the Plan Requirements section of this guide).
- The participating employer or a participating employee violates any of the criteria on which the approved plan was based.
- An employer fails to provide information to the agency as requested or as obligated, impeding or preventing the agency’s administration of the program.

Prior to terminating a plan, ODJFS will notify an employer of any issues of noncompliance and give the employer an opportunity to become compliant. If the employer fails to become compliant, the plan may be terminated within 10 business days of the date of the termination notice.

When an employer requests that a plan be terminated, ODJFS will honor that request and inform the employer and all participating employees, in writing, the week the termination will be effective. Termination notices are not appealable.

Once terminated, a plan cannot be reactivated; however, employers may apply for new shared work plans in the future.

## Submitting a Termination Request

- Follow the steps given earlier for submitting a plan modification.
- If your desired termination date has already passed, enter the current date as the termination date; then use the Request Explanation box to provide details as to the date and reason for the retroactive termination date.
- Follow the remaining steps for submitting a plan modification.

# Employer Responsibilities

Unlike unemployment compensation, employers with SWO plans have an active role in all the claims filed under their plan, even after the participating employees' applications have been approved.

If a shared work plan is approved, employers are responsible for giving participating employees information about the program, including guidelines, websites and resources that ODJFS will provide. These resources include the Participating Employee Information Sheet and the SWO Claim Filing Instructions. It's very important that employers share this information so that employees can file claims correctly and receive all the benefits they may be entitled to.

Employers are responsible for reporting information for participants' continued claims (see the "Weekly SWO Continued Claim Filing," below). They also are responsible for responding promptly to all information requests and for providing complete and thorough responses. At times, employers' input is needed to resolve issues with participants' claims. Prompt, thorough responses are important so participants can be paid on time, without delay.

ODJFS sends correspondence to the postal/email address that the employer specified when establishing an unemployment insurance account. If a third-party administrator (TPA) handles unemployment claims, notices may be sent directly to the TPA. SWO plan-related employer notices can be sent to the employer or TPA, depending on the preferred correspondence method selected during the application process. It's important that SWO employer representatives and TPAs communicate; responsibility ultimately rests with the employer.

**TPAs are not permitted to submit SWO applications or modification requests, but they may report employee hours for continued claim filing on behalf of employers.**

## Weekly SWO Continued Claim Filing

Employers are responsible for reporting the weekly compensated hours for all participating employees. Compensated hours should include any approved paid leave, such as vacation or sick leave, jury duty, etc. To prevent payment delays, this information must be reported as soon as possible, but no earlier than 12:01 a.m. on the Sunday following the week worked.

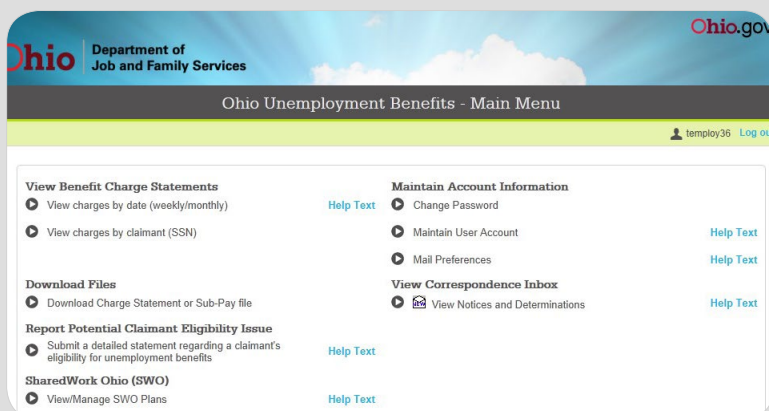
# Submitting Weekly SWO Claims

**Step 1**

Log into your account.

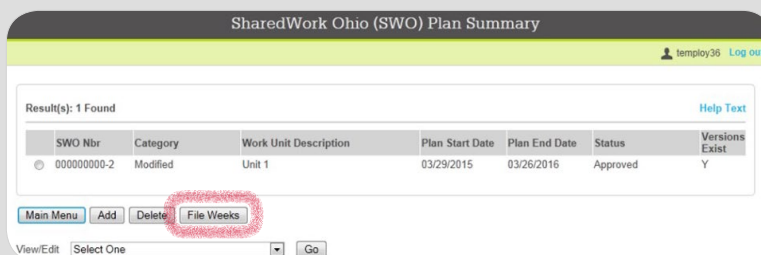
**Step 2**

Select View/Manage SWO Plans from the Main Menu.



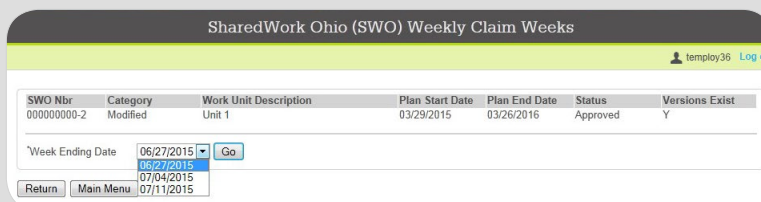
**Step 3**

Select the correct plan and click File Weeks.



**Step 4**

Select the correct week from the drop-down box and click Go.



The most recent three weeks will always be displayed, even when they have already been filed.

There are two options for filing weeks:

1. Entering the information manually.
2. Uploading the information using the template provided by ODJFS.

# Manually Entering Weekly Information

## Step 1

Enter the total compensated hours, including any PAID leave.

**Note:** In the example, the number symbol (#) is used in place of Social Security numbers. When logged into your employer account, you will see the actual numbers on your screen.

SharedWork Ohio (SWO) Weekly Claim Weeks Summary

templey36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/04/2015  
Result(s): 2 Found

☒ SSN ☐ Last Name [Sort](#)

**IMPORTANT:** 'Total Compensated Hours' should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Compensated Required Hours? | Reason - If selected No for Compensated Required Hours | Status |
|--------------------------|-------|--------------|---------------|-------------------------|-----------------------------|--------------------------------------------------------|--------|
| A Participating Employee | ##### | 40.00        | 36.00         | 36                      | Yes                         | Select One                                             |        |
| B Participating Employee | ##### | 40.00        | 36.00         | 20                      | No                          | Select One                                             |        |

[Return](#)
[Save](#)
[Save & Certify](#)
[Upload/Exceptions](#)
[Main Menu](#)

Select One  
 Did Not Work All Available Hours  
 Hours/Work Available Reduced/Increased  
 Laid Off  
 Leave of Absence  
 Other

## Step 2

After "Compensated Required Hours?", select Yes if the employee was paid for the exact number of hours required by the plan. Select No if the employee was paid for fewer or more hours than required by the plan, or no hours at all. If No, select the appropriate reason from the drop-down menu. (See the chart on page 61.)



**UNPAID** leave, even if approved by the employer, does **NOT** count as compensable hours and may affect eligibility for SWO benefits.

## Step 3

Repeat for each participating employee. Up to 10 participants will display at a time.

## Step 4

When all participating employees' hours have been entered, click Save and move on to the next page or click Save & Certify to submit that group of participants. If you click Save and move on to the next page, you can certify all participants at once.

**Step 5**

Select the appropriate certification statement and click Certify.

SharedWork Ohio (SWO) Weekly Claim Weeks Certification

templey36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/04/2015  
Result(s): 2 Found

☒ SSN ☐ Last Name [Sort](#)

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Worked Required Hours? | Reason - if selected No for Worked Required Hours | Status                |
|--------------------------|-------|--------------|---------------|-------------------------|------------------------|---------------------------------------------------|-----------------------|
| A Participating Employee | ##### | 40.00        | 36.00         | 36.00                   | Y                      |                                                   | Pending Certification |
| B Participating Employee | ##### | 40.00        | 36.00         | 20.00                   | N                      | Did Not Work All Available Hours                  | Pending Certification |

Employer Certification: I certify that the above information concerning these participating employees is true and accurate.

☐ Employer agrees the answers were correct.  
☐ Employer wants to change participant answer(s).  
☐ Employer elects to withdraw the week for all participants.

**Certify** **Return**

**Step 6**

After you have completed the employer portion of the weekly claim filing, you will see a certification number.

Instruct participating employees to complete their portion of the weekly filing.

SharedWork Ohio (SWO) Weekly Claim Weeks View Certification

templey36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/04/2015  
Result(s): 2 Found

☒ SSN ☐ Last Name [Sort](#)

**IMPORTANT:** 'Total Compensated Hours' should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Compensated Required Hours? | Reason - if selected No for Compensated Required Hours | Status  | Certification # |
|--------------------------|-------|--------------|---------------|-------------------------|-----------------------------|--------------------------------------------------------|---------|-----------------|
| A Participating Employee | ##### | 40.00        | 36.00         | 36.00                   | Y                           |                                                        | Pending | CC#####         |
| B Participating Employee | ##### | 40.00        | 36.00         | 20.00                   | N                           | Did Not Work All Available Hours                       | Pending | CC#####         |

**Return** **Main Menu**

**Step 7**

Click Return to file additional weeks, or click Main Menu to return to the Main Menu.

SharedWork Ohio (SWO) Weekly Claim Weeks View Certification

templey36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/04/2015  
Result(s): 2 Found

☒ SSN ☐ Last Name [Sort](#)

**IMPORTANT:** 'Total Compensated Hours' should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Compensated Required Hours? | Reason - if selected No for Compensated Required Hours | Status  | Certification # |
|--------------------------|-------|--------------|---------------|-------------------------|-----------------------------|--------------------------------------------------------|---------|-----------------|
| A Participating Employee | ##### | 40.00        | 36.00         | 36.00                   | Y                           |                                                        | Pending | CC#####         |
| B Participating Employee | ##### | 40.00        | 36.00         | 20.00                   | N                           | Did Not Work All Available Hours                       | Pending | CC#####         |

**Return** **Main Menu**



# Uploading Weekly Information

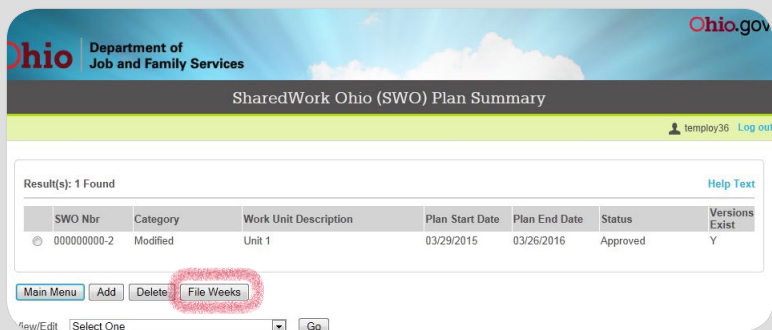
**Step  
1**

Click on View/  
Manage SWO  
Plans.



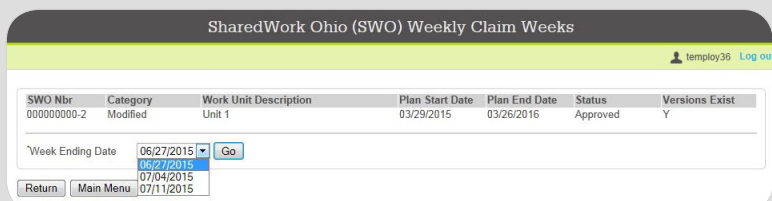
**Step  
2**

Select the correct  
plan and click File  
Weeks.



**Step  
3**

Select the correct  
week from the  
drop-down box and  
click Go.



The most recent three weeks will always display, even if they have already been filed.

Step  
4

Click Upload/  
Exceptions.

**Note:** In the example, the number symbol (#) is used in place of Social Security numbers. When logged into your employer account, you will see the actual numbers on your screen.

SharedWork Ohio (SWO) Weekly Claim Weeks Summary

temp36 Log out

| SWO Nbr    | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 00000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/11/2015  
Result(s): 2 Found  
SSN Last Name Sort

**IMPORTANT:** 'Total Compensated Hours' should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Compensated Required Hours? | Reason - If selected No for Compensated Required Hours | Status |
|--------------------------|-------|--------------|---------------|-------------------------|-----------------------------|--------------------------------------------------------|--------|
| A Participating Employee | ##### | 40.00        | 36.00         |                         | Select One                  | Select One                                             |        |
| B Participating Employee | ##### | 40.00        | 36.00         |                         | Select One                  | Select One                                             |        |

Return Save Save & Certify Upload/Exceptions Main Menu

Step  
5

Select **CLICK HERE** to access the template and review important requirements.

SharedWork Ohio (SWO) Weekly Claim Week Upload

temp36 Log out

| SWO Nbr    | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 00000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/11/2015  
Help Text

You can upload a formatted document (.csv, .txt, or .xlsx) if a large number of weeks are to be filed, or you can file each week manually by returning to the prior screen. If choosing to upload a document, please **CLICK HERE** for further information to ensure the correct template and format is used, and to review information concerning exception records that cannot be successfully processed. Documents that do not meet the required format will be rejected.

To upload a document, click the Browse button below, select your file, then click the Upload button. You must wait for the upload to complete before moving forward. Once the upload is complete, you will be provided the number of weeks uploaded and any exception records that could not be uploaded. Click the Save or Save & Certify button to continue. If you choose to file each week manually, click the Return button below.

**IMPORTANT:** 'Total Compensated Hours' should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

Browse...

Upload

Search Result(s): 0 Found  
SSN Last Name Sort

| Participant | SSN | Normal Hours | Reduced Hours | Total Compensated Hours | Compensated Required Hours? | Reason-if selected No for Compensated Required Hours | Error |
|-------------|-----|--------------|---------------|-------------------------|-----------------------------|------------------------------------------------------|-------|
|-------------|-----|--------------|---------------|-------------------------|-----------------------------|------------------------------------------------------|-------|

Step  
6

Review the upload instructions and important requirements.

When you are ready to enter the weekly claim information, click Weekly Claims Template.

A-Z Index of Services: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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Office of Unemployment Insurance Operations

Apply for Benefits

Worker's Guide to UC

Unemployment Benefits - Frequently Asked Questions

Benefits Estimator

How UC Benefits Are Calculated

Employers

File Unemployment Taxes Online

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Trade FAQ

Publications

En Espanol

Acronyms

ADA Compliance

External Link Disclaimer

Contact Us

Case-Specific Concerns

General Feedback

SharedWork Ohio Upload Instructions for Employers

**Uploading Participating Employees**

- Open the **Participant Upload Template**.
- Enter the participant's information as indicated by the column headers.
- Once all participating employees have been entered, save the document.
- Go back to the SharedWork Ohio (SWO) Add Potential Participants screen in OJI and select the 'Browse...' button to find and attach your saved document.
- Once your document is attached, select Upload.

**Uploading Weekly Claim Information**

- Open the **Weekly Claims Template**.
- Enter the **Week-Ending Date** in the following format: mm/dd/yyyy.
- Enter the participant's information as indicated by the column headers.
- Once all information has been entered, save the document.
- Go back to the SharedWork Ohio (SWO) Weekly Claim Week Upload screen in OJI and select the 'Browse...' button to find and attach your saved document.
- Once your document is attached, select Upload.

**IMPORTANT REQUIREMENTS**

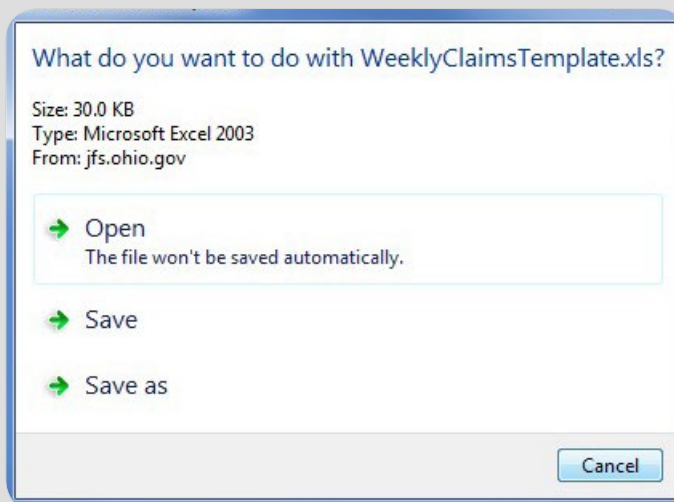
- Use the templates provided on this page. Use of any other spreadsheets may impact successful processing/validation of information.
- Do not change the template column headers or add sheets.
- File size is limited: up to 150KB or 4000 rows, whichever limit is reached first. If needing to upload more, please separate and upload in different files under the size limitations provided.
- If information extends past 4000 rows and needs to be removed, delete the entire row instead of clearing/deleting the data within the row.
- Save the document in its native XLS format.
- For security purposes, use the upload feature on the SharedWork Ohio (SWO) Add Potential Participants screen in OJI instead of fax/mail/email.



Depending on your computer setup, the next few steps may be different from what is needed for your system to open, edit and save the file.

**Step  
7**

Click Open to start Microsoft Excel.

**Step  
8**

Enter the week ending date for the week being filed. Enter the first participant on the prefilled example line.

| 2/7/2015 Week Ending Date (mm/dd/yyyy) |                          |                         |                                                        |                                                                |          |  |  |
|----------------------------------------|--------------------------|-------------------------|--------------------------------------------------------|----------------------------------------------------------------|----------|--|--|
| Participant's Social Security Number   | Participant's First Name | Participant's Last Name | Total Compensated Hours (including all approved leave) | Did the participant work the required hours on the plan (Y/N)? | Reason # |  |  |
| 111111111                              | Unemployment             | Clamart                 | 20                                                     | Y                                                              | 0        |  |  |
|                                        |                          |                         |                                                        |                                                                |          |  |  |
|                                        |                          |                         |                                                        |                                                                |          |  |  |

If you do not replace this information, the system will try to upload the example information.

**Step  
9**

Enter the participant's Social Security number (omit dashes), first name, last name, and total compensated hours, including any PAID leave. Under "Did the participant work the required hours on the plan?", select Yes if the employee was paid for the exact number of hours required by the plan. Select No if the employee was paid for fewer or more hours than required by the plan, or no hours at all. If No, select the appropriate reason from the drop-down menu. (See the chart on page 61.) Repeat for each participating employee.

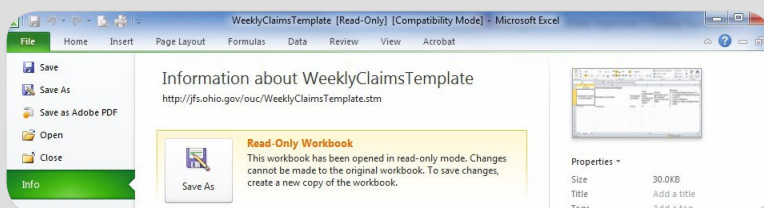
When all employees' weekly claim information is entered, click File to save the document.



**UNPAID** leave, even if approved by the employer, **does NOT** count as compensable hours and may affect eligibility for SWO benefits.

**Step 10**

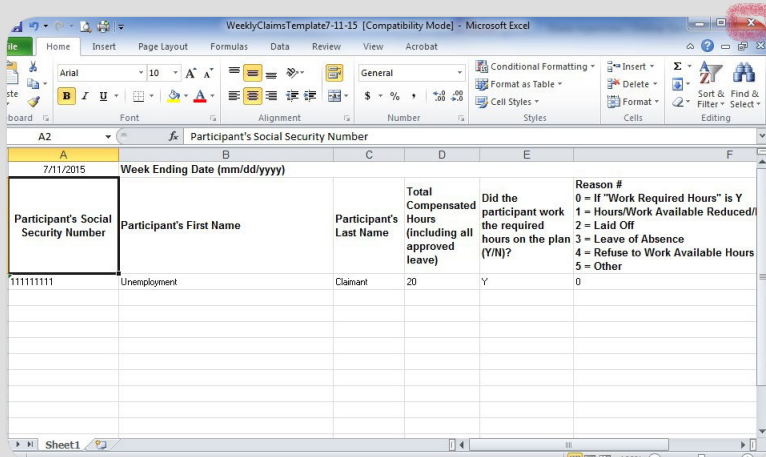
Click Save As and save the document to your computer.



When naming your document, be sure to include the week-ending date in the file name (for example: 12-31-2016 Weekly Claim). This will make it easier for the agency to find the correct document.

**Step 11**

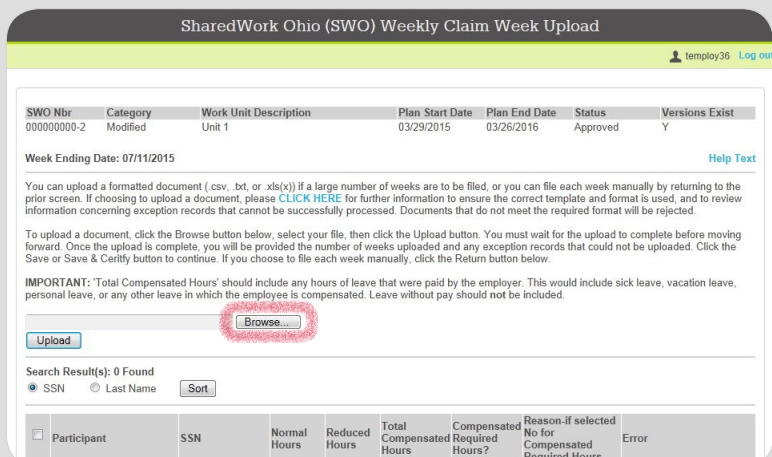
After your document is saved, click the 'X' to close Excel.

**Step 12**

Click the 'X' to close the tab.

**Step 13**

Click Browse to locate your document.

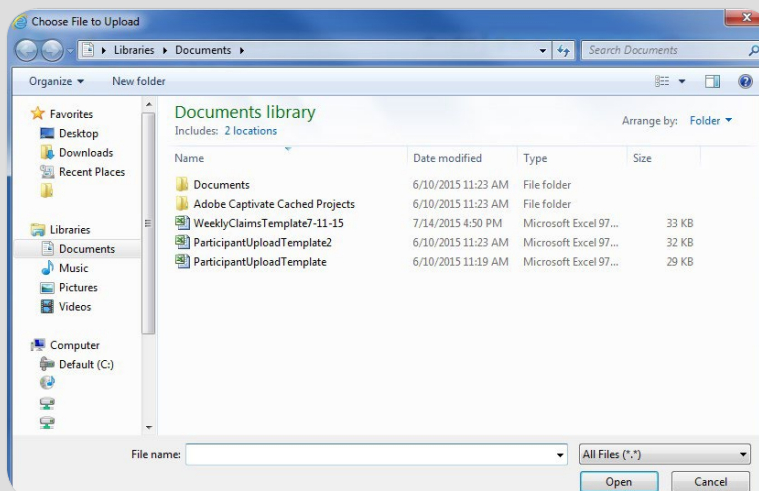




**Step 14**

Navigate to the location where you saved your document and select the document.

Click Open to add the document.

**Step 15**

Click Upload to upload the weekly claims into OJI.

SharedWork Ohio (SWO) Weekly Claim Week Upload

templey36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/11/2015 [Help Text](#)

You can upload a formatted document (.csv, .txt, or .xls(x)) if a large number of weeks are to be filed, or you can file each week manually by returning to the prior screen. If choosing to upload a document, please [CLICK HERE](#) for further information to ensure the correct template and format is used, and to review information concerning exception records that cannot be successfully processed. Documents that do not meet the required format will be rejected.

To upload a document, click the Browse button below, select your file, then click the Upload button. You must wait for the upload to complete before moving forward. Once the upload is complete, you will be provided the number of weeks uploaded and any exception records that could not be uploaded. Click the Save or Save & Certify button to continue. If you choose to file each week manually, click the Return button below.

**IMPORTANT:** Total Compensated Hours should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

C:\Users\Documents\WeeklyClaimsTempley36 Browse

**Upload**

Search Result(s): 0 Found

SSN Last Name Sort

**Step 16**

Review the message indicating the number of records processed, along with any exceptions.

SharedWork Ohio (SWO) Weekly Claim Week Upload

templey36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/11/2015 [Help Text](#)

**Weekly Claims Processed: 2 with 1 Exceptions**

You can upload a formatted document (.csv, .txt, or .xls(x)) if a large number of weeks are to be filed, or you can file each week manually by returning to the prior screen. If choosing to upload a document, please [CLICK HERE](#) for further information to ensure the correct template and format is used, and to review information concerning exception records that cannot be successfully processed. Documents that do not meet the required format will be rejected.

To upload a document, click the Browse button below, select your file, then click the Upload button. You must wait for the upload to complete before moving forward. Once the upload is complete, you will be provided the number of weeks uploaded and any exception records that could not be uploaded. Click the Save or Save & Certify button to continue. If you choose to file each week manually, click the Return button below.

**IMPORTANT:** Total Compensated Hours should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

Upload Browse

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Compensated Required Hours? | Reason-if selected No for Compensated Required Hours | Error                   |
|--------------------------|-------|--------------|---------------|-------------------------|-----------------------------|------------------------------------------------------|-------------------------|
| B Participating Employee | ##### | 0.00         | 0.00          | 36.00                   | Yes                         | Select One                                           | Invalid Participant SSN |

Exceptions are records that need further review or action before the upload can be completed. If you receive an exception notification, review the Exceptions/Errors chart on page 59 for an explanation or visit [jfs.ohio.gov/ouc/SharedWorkOhio](http://jfs.ohio.gov/ouc/SharedWorkOhio). Exceptions are shown at the bottom of the screen, with the reason for the error. In the above example, the incorrect SSN was entered on the Weekly Claims Template. Select the SSN field and make necessary corrections. Then click Save & Certify.





**Step  
17**

Select the appropriate certification statement. Then click Certify.

SharedWork Ohio (SWO) Weekly Claim Weeks Certification

templay36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/11/2015  
Result(s): 1 Found

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Worked Required Hours? | Reason - if selected No for Worked Required Hours | Status                |
|--------------------------|-------|--------------|---------------|-------------------------|------------------------|---------------------------------------------------|-----------------------|
| A Participating Employee | ##### | 40.00        | 36.00         | 36.00                   | Y                      |                                                   | Pending Certification |

Employer Certification: I certify that the above information concerning these participating employees is true and accurate.

☐ Employer agrees the answers were correct.  
☐ Employer wants to change participant answer(s).  
☐ Employer elects to withdraw the week for all participants.

**Step  
18**

Click Return to file additional weeks, or click Main Menu to return to the Main Menu.

When finished, you will see the Status and the certification number.

SharedWork Ohio (SWO) Weekly Claim Weeks View Certification

templay36 Log out

| SWO Nbr     | Category | Work Unit Description | Plan Start Date | Plan End Date | Status   | Versions Exist |
|-------------|----------|-----------------------|-----------------|---------------|----------|----------------|
| 000000000-2 | Modified | Unit 1                | 03/29/2015      | 03/26/2016    | Approved | Y              |

Week Ending Date: 07/11/2015  
Result(s): 1 Found

IMPORTANT: 'Total Compensated Hours' should include any hours of leave that were paid by the employer. This would include sick leave, vacation leave, personal leave, or any other leave in which the employee is compensated. Leave without pay should not be included.

| Participant              | SSN   | Normal Hours | Reduced Hours | Total Compensated Hours | Compensated Required Hours? | Reason - if selected No for Compensated Required Hours | Status  | Certification # |
|--------------------------|-------|--------------|---------------|-------------------------|-----------------------------|--------------------------------------------------------|---------|-----------------|
| A Participating Employee | ##### | 40.00        | 36.00         | 36.00                   | Y                           |                                                        | Pending | CC#####         |

**Step  
19**

Direct participating employees to complete their portion of the filing process.

## File Claims Promptly

It's important that employers enter or upload weekly claim information in an accurate and timely manner so that employees can receive their benefits promptly, without delay. After employers complete their portion of the weekly claim, participating employees have 21 days to certify their portion. Claims certified after this time will be disallowed unless the employee can establish that the late filing was for reasons beyond their control.

# Employee Responsibilities

Employees are encouraged to use the online resources at [unemployment.ohio.gov](https://unemployment.ohio.gov) when filing applications and weekly claims.

To qualify for SWO benefits, employees must:

- Work in an affected unit of an employer with an approved SWO plan
- Be employed year-round, full-time or part-time, with the SWO employer
- Be able and available for work with the SWO employer for the normal weekly hours of work
- Meet certain eligibility requirements for unemployment benefits

Like recipients of regular unemployment benefits, SWO participants must:

- Have earned enough wages, and worked at least 20 weeks in “covered employment,” for an employer that paid unemployment taxes
- Have a balance remaining if they have an existing unemployment claim
- Not be otherwise disqualified from receiving unemployment benefits. For example, they must not have unresolved suspensions, or have been fired by a previous employer for dishonesty during the last 15 months.

Unlike recipients of regular unemployment benefits, SWO participants do not need to apply for other jobs.

If an employee is approved to receive SWO benefits, he or she will receive both an unemployment determination and an SWO determination. Participating employees also must serve a one-week waiting period, also known as a waiting week, unless the participant already has served the required waiting week on a current unemployment claim.

## Availability for Work

A participating employee is considered available and actively seeking work by being available for his or her normal weekly hours of work with the SWO employer. Compensated hours can include: 1) paid leave time; 2) make up time; or 3) time spent in employer or agency-approved training.

Participating employees who work fewer than their normal weekly hours of work and who do not use paid leave to make up the difference will be considered available for work **only** if the reduction was not their fault **and** not more than a 50 percent reduction of their normal weekly hours of work.

## Outside Employment

Participants may have other jobs while working for SWO employers. However, any hours worked in outside employment will affect benefits, as total hours worked for all employers are taken into account when determining SWO benefits. If the total hours worked equal less than a 10 percent reduction of hours normally worked for both employers, the employee is not entitled to SWO or unemployment benefits.

### Example

An employee's weekly hours for an SWO employer are reduced from 40 to 30. The employee also works 8 hours with another employer. Because the combined hours (38) are only 5 percent less than what the employee normally worked for the SWO employer, the employee is not eligible for benefits.

If the combined hours represent a 10 to 50 percent reduction in normal weekly hours, the employee may be eligible for SWO benefits.

### Example

An employee's hours for an SWO employer are reduced from 40 to 32. The employee also works 4 hours with another employer. Because the combined hours (36) are 10 percent less than what the employee normally worked for the SWO employer, the employee may be eligible for benefits.

**Note:** In this same scenario, if neither employer provides work for the employee during a week covered by the SWO plan, the employee may be eligible for unemployment benefits that week.

If the SWO employer does not provide work in a given week but an outside employer does, the employee may be eligible for partial unemployment benefits that week instead of SWO benefits.

| Outside Employment Minimum/Maximum Percentages and Hours to be SWO-Eligible in a Week |                                                                                    |                                                                                   |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| If normal weekly hours prior to the SWO plan are:                                     | 10% minimum reduction: Total weekly hours for all employment must be no more than: | 50% maximum reduction: Total weekly hours for all employment cannot be less than: |
| 40 hours                                                                              | 36.0 hours                                                                         | 20.0 hours                                                                        |
| 39 hours                                                                              | 35.1 hours                                                                         | 19.5 hours                                                                        |
| 38 hours                                                                              | 34.2 hours                                                                         | 19.0 hours                                                                        |
| 37 hours                                                                              | 33.3 hours                                                                         | 18.5 hours                                                                        |
| 36 hours                                                                              | 32.4 hours                                                                         | 18.0 hours                                                                        |
| 35 hours                                                                              | 31.5 hours                                                                         | 17.5 hours                                                                        |
| 34 hours                                                                              | 30.6 hours                                                                         | 17.0 hours                                                                        |
| 33 hours                                                                              | 29.7 hours                                                                         | 16.5 hours                                                                        |
| 32 hours                                                                              | 28.8 hours                                                                         | 16.0 hours                                                                        |
| 31 hours                                                                              | 27.9 hours                                                                         | 15.5 hours                                                                        |
| 30 hours                                                                              | 27.0 hours                                                                         | 15.0 hours                                                                        |
| 29 hours                                                                              | 26.1 hours                                                                         | 14.5 hours                                                                        |
| 28 hours                                                                              | 25.2 hours                                                                         | 14.0 hours                                                                        |
| 27 hours                                                                              | 24.3 hours                                                                         | 13.5 hours                                                                        |
| 26 hours                                                                              | 23.4 hours                                                                         | 13.0 hours                                                                        |
| 25 hours                                                                              | 22.5 hours                                                                         | 12.5 hours                                                                        |

## Creating an Account

SWO participants use the same online system that unemployment claimants use. If you've never received unemployment benefits, you will first need to create an account. If you already have an unemployment account but forgot your PIN, call (866) 962-4064 to obtain a new PIN.

**Step 1**

Visit **unemployment.ohio.gov**.

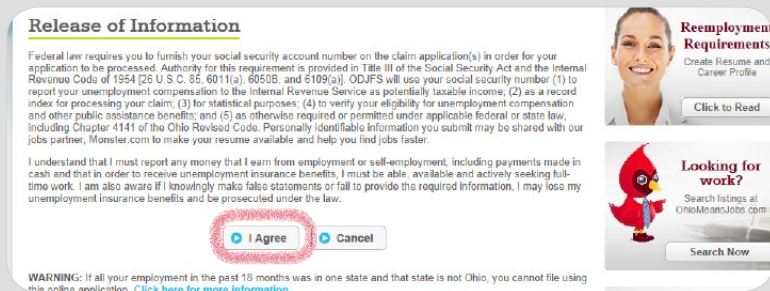


**Step 2**

Select File/  
Appeal Benefits  
in the green box  
for Unemployed  
Workers, or select  
Unemployed Workers  
in the top menu bar.

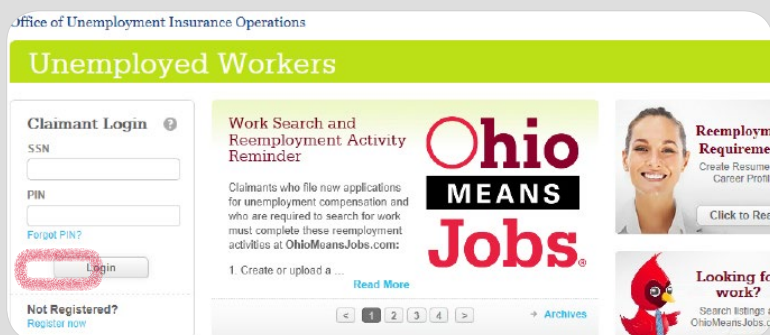
**Step 3**

Select "I Agree"  
after reviewing  
the Release of  
Information.



**Step 4**

Click "Register  
Now."



## Step 5

- Enter your personal information.
- Select a PIN hint question and fill in the answer.

**Claimant Registration (Step 1 of 2)**

Personal Information [Help Text](#) [Help Video](#)

\*First Name

Middle Initial

\*Last Name

\*SSN  -  -

\*Date of Birth (mm/dd/yyyy)

Account Information [Help Text](#) [Help Video](#)

Select a PIN hint question from the drop-down list, and enter your answer. When you have successfully registered, the system will assign your PIN and User Name.

\*PIN hint question

\*PIN hint answer

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

## Step 6

Make note of your temporary PIN

Office of Unemployment Insurance Operations

**Registration Complete - Step 2 of 2**

Important Registration Information [Help Text](#) [Help Video](#)

Your TEMPORARY PIN number is:

Write down your TEMPORARY PIN number before you leave this screen.

For a successful login you need the following:

- 1) Your user name (your social security number) AND
- 2) Your TEMPORARY PIN number

The first time you login with your TEMPORARY PIN number, the system will prompt you to choose a new PIN (8-digit numeric only).

After writing down your TEMPORARY PIN, click on [Login Screen](#) to file for benefits.

## Step 7

Log in using your SSN and temporary PIN.

Office of Unemployment Insurance Operations

**Unemployed Workers**

**Claimant Login** [?](#)

SSN

PIN

[Forgot PIN?](#)

[Login](#)

**Not Registered?**  
[Register now](#)

**Work Search and Reemployment Activity Reminder**

Claimants who file new applications for unemployment compensation and who are required to search for work must complete these reemployment activities at [OhioMeansJobs.com](#):

1. Create or upload a ... [Read More](#)

[Archives](#)

**Ohio MEANS Jobs**

**Reemployment Requirements**  
Create Resume and Career Profile  
[Click to Read](#)

**Looking for work?**  
Search listings at [OhioMeansJobs.com](#)

## Step 8

Change your temporary PIN to an 8-digit numeric PIN.

Office of Unemployment Insurance Operations

**JFS - Ohio Unemployment Benefits - Change User PIN**

Your TEMPORARY PIN has expired. Please choose a new PIN (8-digit numeric only). You must use this new PIN for all future access to your online account or the automated telephone system.

\*The new PIN

\*New PIN Confirm

[Submit](#) [Cancel](#)



## Logging in Once You Have an Account

Once you have an account, follow the steps below to log in so that you can apply for benefits and submit weekly claims.

**Step 1**

Visit  
**unemployment.  
ohio.gov.**



**Step 2**

Select File/  
Appeal Benefits  
in the green box  
for Unemployed  
Workers, or select  
Unemployed Workers  
in the top menu bar.

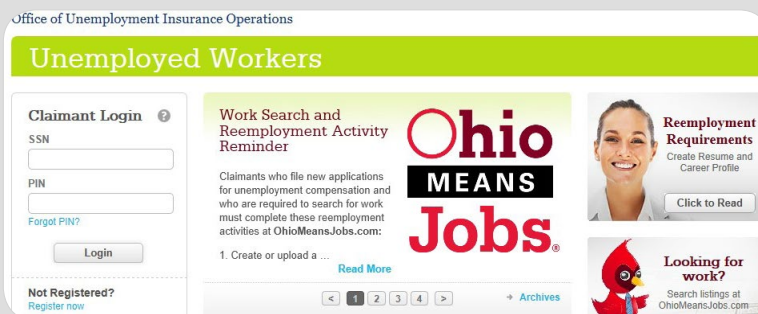
**Step 3**

Select "I Agree"  
after reviewing  
the Release of  
Information.



**Step 4**

Enter your SSN  
and PIN and  
select Login.



# Applying for Benefits – Initial Application

**Step 1**

Log into your account using the steps above.

**Step 2**

Select File a New Claim for Unemployment Benefits.

Ohio Department of Job and Family Services

Ohio Unemployment Benefits - Main Menu

EMPLOYEE, C PARTICIPATING Log out

**New Claim**

- File a New Claim for Unemployment Benefits

**Personal Information** [Help Text](#)

- Update Personal Information
- Update Payment Preference Details

**Weekly Claim**

No Weekly Claims can currently be filed

**Claim Details**

- View Claim Summary/Payment History
- View Overpayment Repayment Summary

**Work Search**

- Visit OhioMeansJobs [\(What's This?\)](#)

**Change PIN**

- Change Your PIN
- Change Your PIN Hint Question

**View Correspondence Inbox**

- View Notices and Determinations

**Step 3**

On the Personal Information screen, your first and last names, SSN and date of birth will already be filled in. Please fill in the remaining information. Fields with an asterisk (\*) are required.

Personal Information

Employee, C Participating Log out

**Personal Information** [Help Text](#) [Help Video](#)

\*First Name C Participating MI \*Last Name Employee

\*SSN 000 - 00 - 0000 \*Date of Birth (mm/dd/yyyy) 00/00/0000

\*Other ID Type Select One ID Number State Issued Select One

**Residence Address** [Help Text](#) [Help Video](#)

\*Street

\*City State Select One

\*Zip Code

\*Country United States

Country Select One

**Mailing Address (if different than Residence Address)** [Help Text](#) [Help Video](#)

Street

City State Select One

Zip Code

Country Select One

**Contact Information** [Help Text](#) [Help Video](#)

Home Phone #

Message Phone #

Mobile Phone #

E-Mail Address

Enable Text Message Yes No [\(What's This?\)](#)

Confirm E-Mail Address

\*Would you prefer to receive correspondence from this Agency(when possible) via U.S. Mail or E-Mail? US Mail E-Mail

Next

**Step 4**

Select the appropriate answer for each question. Fields with an asterisk (\*) are required.

**Demographic Information**

Employee, C Participating [Log out](#)

[Help Text](#)  
[Help Video](#)

**General Information**

\* Ethnicity

\* Race

☐ American Indian/Alaskan Native ☐ Asian

☐ Black/African-American ☐ Native Hawaiian/Other Pacific Islander

☐ White ☐ Choose Not to Answer

\* Country of Origin

\* Primary Language

If Other, Enter Language

\* Gender

\* Highest Grade Completed

\* Usual Trade or Occupation

\* Are you disabled as defined in the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)?

**Alien Information**

\* Are you a U.S. Citizen or a U.S. National? ☐ Yes ☐ No

If no, please select what authorization you have to perform work in the U.S.

Alien Authorization Number

Card Number

Expiration Date (mm/dd/yyyy)

[Next](#)

**Step 5**

Select the appropriate answer for each question. Fields with an asterisk (\*) are required.

**Eligibility Questions - Page 1**

EMPLOYEE, C PARTICIPATING [Log out](#)

[Help Text](#)  
[Help Video](#)

**Eligibility Questions**

\* Have you filed a claim for unemployment benefits in the last 12 months? ☐ Yes ☐ No

If yes, in what state?

Have you worked since you last filed? ☐ Yes ☐ No

\* Have you worked in regular employment (not military or federal civilian) in any states other than Ohio from 10/01/2014 to 09/30/2015? ☐ Yes ☐ No

\* Have you served in the US military from 10/01/2014 to 09/30/2015? ☐ Yes ☐ No

\* Since 10/01/2014, have you had any federal civilian employment? ☐ Yes ☐ No

\* When employed, are you the principal wage or salary earner in your household? ☐ Yes ☐ No

**Additional Eligibility Questions**

\* Are you or have you been an officer of a corporation, or did you own or operate a business within the past 18 months? ☐ Yes ☐ No

\* Are you required to pay child support obligations to a court or child support enforcement agency? ☐ Yes ☐ No

If yes, would you like to have child support withheld from any benefits to which you may be entitled? ☐ Yes ☐ No

\* Would you like to have 10% of any benefit payments to which you may become entitled withheld for federal income taxes? ☐ Yes ☐ No

\* Do you wish to claim your child and/or spouse as a dependent? ☐ Yes ☐ No

[Next](#)

**Step 6**

Select the appropriate answer.

**Eligibility Questions - Page 2**

Employee, C Participating [Log out](#)

[Help Text](#)

**Eligibility Questions**

\* Have you applied for or are you currently receiving any of the following: pension, retirement payments, severance pay? ☐ Yes ☐ No

If yes, please provide details including the type, source and amount of payment(s)

[Next](#)

## Step 7

Your SWO employer will populate the fields for Last Day Worked, Reason for Separation and Detailed Reason.

**DO NOT CHANGE THIS INFORMATION!**

- Enter the Start Date for your most recent employment.
- Select your County of Employment from the drop-down menu.
- Select Yes or No to indicate whether you have worked at least 6 weeks and earned the amount indicated for your current employer, and whether you have worked for any other employers during the last 6 weeks.

Recent Employment Detail

Employee, C Participating [Log out](#)

Note: You are part of a SWO plan and below are the details of your SWO employer.

Employer Detail

\*Employer Name: ABC INC

Attention:

\*Address:

PO Box:

\*City: CINCINNATI

\*State: Ohio

\*Country: United States

Zip Code: 45216

Phone:

Additional Employer Detail

\*Start Date (mm/dd/yyyy): 06/27/2015

\*Last Day Worked (mm/dd/yyyy):

\*County of Employment: Select One

\*Reason for Separation: Still employed

\*Detailed Reason: SharedWork Ohio

Maritime Vessel Name:

Employer Phone:

Have you worked at least 6 weeks and earned at least \$1,422.00 for this employer since ? If yes, did you also work for another employer during this same 6-week period?

☐ Yes ☐ No

☐ Yes ☐ No

[Help Text](#) [Help Video](#)

[Help Text](#) [Help Video](#)

[OK](#) [Cancel](#)

## Step 8

Add any additional employers, if necessary.

Recent Employment History Summary

Employee, C Participating [Log out](#)

Please provide all of your regular employment for the last 6 months, beginning with your most recent employment. (Please do not include military service, federal civilian, or any out-of-state employment you have already provided on previous pages.)

Search Result(s): 1 Found

| Employer Name | City | State | Start Date | Last Day Worked | <a href="#">Help Text</a><br><a href="#">Help Video</a> |
|---------------|------|-------|------------|-----------------|---------------------------------------------------------|
| ABC INC       |      |       | 01/01/2010 | 06/27/2015      |                                                         |

[Add Employer](#) [Edit](#) [Delete](#)

[Next](#)

## Step 9

You will see this screen if you indicated that you want to claim dependents.

Click Add a Child or Add a Spouse to claim dependents.

Dependent Summary

Employee, C Participating [Log out](#)

Search Result(s): 0 Found

| First Name                                                                                           | Last Name | SSN | Date of Birth | Relationship | <a href="#">Help Text</a><br><a href="#">Help Video</a> |
|------------------------------------------------------------------------------------------------------|-----------|-----|---------------|--------------|---------------------------------------------------------|
| <a href="#">Add a Child</a> <a href="#">Add a Spouse</a> <a href="#">Edit</a> <a href="#">Delete</a> |           |     |               |              |                                                         |

☐ If you do not want to claim any dependents, check this box and click the Next button to continue.

[Next](#)

**Step  
10**

If you are claiming a dependent child, enter the requested information and answer the questions on this screen.



If you do not enter an SSN, the dependent cannot be approved.

**Step  
11**

If you are claiming a dependent spouse, enter the requested information and answer the questions on this screen.

**Step  
12**

You will see this screen if you claimed a dependent child(ren) but did not provide information about a spouse. If you are married and wish to claim a dependent child, you must provide your spouse's information, even if you are not claiming your spouse as a dependent.

**Step 13**

If you wish to receive benefits via direct deposit, enter your banking information. Otherwise, you will receive benefits on a debit card.

**Step 14**

Select the appropriate certification statement and click Next to submit your application.

**Step 15**

Your claim has been filed! Please print this page or write down your claim confirmation number for future reference. Then click Next.

**Step 16**

You will be returned to the Main Menu, where you will see your next scheduled filing date.



# Submitting Weekly Claims

## Step 1

Log into your account.

## Step 2

Under “Weekly Claim,” you will see “Employer Has Not Filed” if your employer has not yet completed his portion of the weekly claim. If you see this message, do not attempt to file! It is your employer’s responsibility to let you know when the claim is ready for you to complete.

Ohio Unemployment Benefits - Main Menu

EMPLOYEE, C PARTICIPATING Log out

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>New Claim</b><br>No New Claim can currently be filed<br><br><b>Weekly Claim</b><br>1/30/2016 Employer Has Not Filed<br>File Additional/Reopen Application<br><br><b>Claim Details</b><br>View Claim Summary/Payment History<br>View Overpayment Repayment Summary<br><br><b>Work Search</b><br>Visit OhioMeansJobs (What's This?) | <b>Personal Information</b> <a href="#">Help Text</a><br>Update Personal Information<br>Update Payment Preference Details<br><br><b>Change PIN</b><br>Change Your PIN<br>Change Your PIN Hint Question<br><br><b>View Correspondence Inbox</b><br>View Notices and Determinations |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Step 3

When your employer has completed his portion of a weekly claim, you may complete your portion of the claim.

Click on the week you wish to file.

Ohio Unemployment Benefits - Main Menu

EMPLOYEE, C PARTICIPATING Log out

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>New Claim</b><br>No New Claim can currently be filed<br><br><b>Weekly Claim</b><br>1/30/2016<br>File Additional/Reopen Application<br><br><b>Claim Details</b><br>View Claim Summary/Payment History<br>View Overpayment Repayment Summary<br><br><b>Work Search</b><br>Visit OhioMeansJobs (What's This?) | <b>Personal Information</b> <a href="#">Help Text</a><br>Update Personal Information<br>Update Payment Preference Details<br><br><b>Change PIN</b><br>Change Your PIN<br>Change Your PIN Hint Question<br><br><b>View Correspondence Inbox</b><br>View Notices and Determinations |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



If filing multiple weeks at one time, file in consecutive order, starting with the oldest week.

## Step 4

### Question 1:

Review the information reported by your employer at the top of the page. Below that, answer Yes or No, depending on whether you agree or disagree with the employer's responses. If you disagree, provide a detailed explanation in the text box.

**Question 2:** Select Yes or No if you worked for another employer or were self-employed during the week. If Yes, enter the hours you worked and your gross earnings for the week (even if you have not received payment yet).

Answer the remaining questions regarding pension or retirement pay and whether you quit or were discharged during the week.

Select the appropriate certification statement and click Next to submit your weekly claim.

Continued Claim Application - SWO Claim - 1/30/2016

EMPLOYEE, C PARTICIPATING [Log out](#)

---

**Employer Answer** [Help Text](#)

\*1. Provide total compensated hours.

**IMPORTANT:** Include any hours of leave that were paid by the employer.

\*2. Was the employee compensated for the required hours on the plan? ☒ Yes ☐ No

If NO, please select a reason from the drop-down menu

---

Employer Certification: I certify that the above information concerning this participating employee is true and accurate.

---

**Claimant Answer**

\*1. Is the above information reported by your SharedWork Ohio employer correct? ☐ Yes ☐ No

If NO, please explain.

\*2. Did you work for another employer(full time or part-time) or were you self-employed during the week claimed? If you worked, you should answer YES even if you will be paid in another week. ☐ Yes ☐ No

If YES, Hours Worked  and Gross Earnings for the week (Sunday thru Saturday) \$

\*3. During the week claimed, did you apply for (or was there a change in the amount of) pension, or any other type of retirement payment? ☐ Yes ☐ No

\*4. During the week claimed, did you quit? ☐ Yes ☐ No

\*5. During the week claimed, were you discharged (fired)? ☐ Yes ☐ No

---

**CERTIFICATION:** I understand the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct, and I am not claiming any benefits from any other unemployment program for the above weeks. I understand the law provides penalties for false statements

☐ I agree to all of the above and wish to submit my claim for processing.

☐ I do not agree and wish to cancel my claim.

[Next](#)

**Step  
5**

Select OK to  
navigate back to  
the Main Menu.



You may wish to keep your claim confirmation code for future reference.

**Step  
6**

The Main Menu  
will show your  
next scheduled  
filing date.

## Filing an Additional/Reopen Application to Restart a Claim

Restarting a claim may be required in the following situations:

- If you have an existing unemployment claim prior to participating in a SharedWork Ohio plan. Restarting the claim will allow the existing claim to be associated with the SWO plan.
- If you skipped any weeks of filing

# Filing an Additional Application to Restart a Claim

**Step 1**

Log into your account.

**Step 2**

Under Reopen Claim, select "Restart your claim for Benefits effective with the week beginning SUNDAY of the current week."

Ohio Unemployment Benefits - Main Menu

EMPLOYEE, C PARTICIPATING [Log out](#)

**New Claim**  
No New Claim can currently be filed

**Reopen Claim**  
☒ Restart your claim for Benefits effective with the week beginning SUNDAY of the current week

**Personal Information** [Help Text](#)  
☐ Update Personal Information  
☐ Update Payment Preference Details

**Change PIN**  
☐ Change Your PIN  
☐ Change Your PIN Hint Question

**Claim Details**  
☐ View Claim Summary/Payment History  
☐ View Overpayment Repayment Summary

**View Correspondence Inbox**  
☐ View Notices and Determinations

**Work Search**  
☐ Visit OhioMeansJobs [\(What's This?\)](#)

**Step 3**

Make any necessary changes to your Personal Information. Fields with an asterisk (\*) are required.

Then click Next.

Personal Information

EMPLOYEE, C PARTICIPATING [Log out](#)

**Personal Information** [Help Text](#) [Help Video](#)  
 \*First Name  MI   
 \*Last Name   
 \*SSN  -  -   
 \*Date of Birth (mm/dd/yyyy)   
 \*Other ID Type  ID Number   
 State Issued

**Residence Address** [Help Text](#) [Help Video](#)  
 \*Street   
 \*City  State   
 \*Zip Code  -   
 \*Country   
 County

**Mailing Address (if different than Residence Address)** [Help Text](#) [Help Video](#)  
 Street   
 City  State   
 Zip Code  -   
 Country

**Contact Information** [Help Text](#) [Help Video](#)  
 Home Phone #  -  -   
 Message Phone #  -  -   
 Mobile Phone #  -  -   
 E-Mail Address   
 Enable Text Message ☐ Yes ☒ No [\(What's This?\)](#)  
 Confirm E-Mail Address   
 \*Would you prefer to receive correspondence from this Agency (when possible) via  
☐ U.S. Mail ☒ E-Mail

[Next](#)

## Step 4

Select the appropriate answer for each question.

Reopen Your Unemployment Claim.

EMPLOYEE, C PARTICIPATING Log out

Reopen Your Unemployment Claim

\*Have you worked since you last filed for benefits?

If yes, was any of your work federal civilian employment?

Were you in the military?

Was the employment self-employment (no UI taxes withheld)?

\*Are you or have you been an officer of a corporation, or did you own or operate a business since you last filed for benefits?

Additional Information

\*Have you applied for or are you currently receiving any of the following: pension, retirement payments, severance pay?

If yes, please provide details including the type, source and amount.

Next

## Step 5

Your SWO employer will populate the fields for Last Day Worked, Reason for Separation and Detailed Reason.

**DO NOT CHANGE THIS INFORMATION!**

- Enter the Start Date of your most recent employment with the SWO employer.
- Change the Last Day Worked to the last day that you worked prior to the Sunday on which you are restarting your claim.

Recent Employment Detail

EMPLOYEE, C PARTICIPATING Log out

Note: You are part of a SWO plan and below are the details of your SWO employer.

Employer Detail

\*Employer Name: ABC INC

Attention:

\*Address:

PO Box:

\*City: CINCINNATI

\*State: Ohio

\*Country: United States

Zip Code: 45216

Phone:

Additional Employer Detail

\*Start Date (mm/dd/yyyy): 07/25/2015

\*Last Day Worked (mm/dd/yyyy): 07/25/2015

\*County of Employment: Select One

\*Reason for Separation: Still employed

\*Detailed Reason: SharedWork Ohio

Maritime Vessel Name:

Employer Phone: ( ) - ( ) - ( )

\*Have you worked at least 6 weeks and earned at least \$1,422.00 for this employer since ?

If yes, did you also work for another employer during this same 6-week period?

OK Cancel

## Step 6

Add any additional employers, if necessary.

Recent Employment History Summary

EMPLOYEE, C PARTICIPATING Log out

You have not shown the required last six weeks of your employment history. You may EDIT the information you have already provided, ADD additional employment or select NEXT to continue with the application.

Please provide all of your regular employment for the last 6 months, beginning with your most recent employment. (Please do not include military service, federal civilian, or any out-of-state employment you have already provided on previous pages.)

Search Result(s): 1 Found

| Employer Name | City | State | Start Date | Last Day Worked | Help Text<br>Help Video |
|---------------|------|-------|------------|-----------------|-------------------------|
| ABC INC       |      |       | 09/21/2015 | 09/25/2015      |                         |

Add Employer Edit Delete

Next



When restarting a claim, payment preferences can be changed only from direct deposit to debit card. If you wish to change from debit card to direct deposit, or if you need to change your direct deposit banking information, fax a copy of a voided check to (614) 387-7949, along with your first and last name and the last four digits of your SSN.

**Step  
7**

Select the appropriate certification statement and click Next to submit your application.

**Step  
8**

Record your claim confirmation number for future reference and click Next.

**Step  
9**

You will return to the Main Menu, which will show that you restarted your claim and your next scheduled filing date.

## Viewing Correspondence

If you elect to receive correspondence via email, note that the correspondence will not actually be sent to your email account, but to your unemployment account inbox. Whenever your inbox has new correspondence, you will receive the following email message:

You have new items in your correspondence inbox. Some might require your immediate attention. To view your correspondence, please log in to your account at **unemployment.ohio.gov**.

Please note that participants who elect to receive correspondence via U.S. mail may still log into **unemployment.ohio.gov** and view correspondence online.

If your correspondence requires a response, you can reply online. Responding online is the quickest and easiest way to answer agency requests.



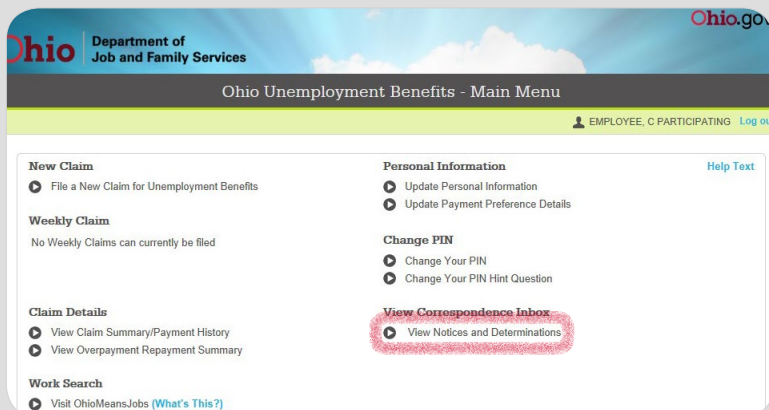
# To View Correspondence

**Step 1**

Log into your account.

**Step 2**

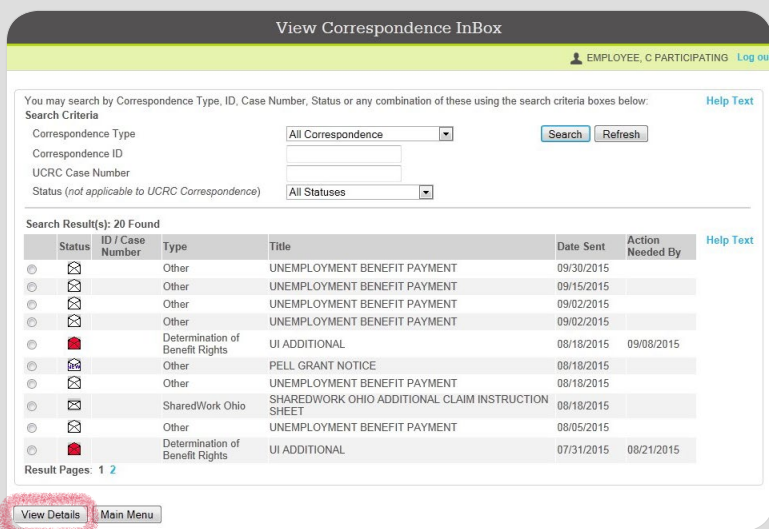
Click on View Notices and Determinations.



If you have new correspondence that hasn't been opened, you will see an envelope saying "New" in front of View Notices and Determinations.

**Step 3**

Select the correspondence you wish to view and click View Details.



Red envelopes indicate a response deadline.

If you are unable to view a correspondence, it could be because:  
 1. You already responded. | 2. The response deadline has passed. |  
 3. The issue has been decided.

**Step  
4**

If you attempt to open correspondence after the deadline, you will see the error message at right.

View Correspondence InBox

EMPLOYEE, C PARTICIPATING [Log out](#)

◆ Please correct the following errors or omissions identified on this screen below  
Missing or Incorrect Entries

- The time period for responding to this Request for Information has expired. Please check the Correspondence Inbox for any other Requests for Information.

You may search by Correspondence Type, ID, Case Number, Status or any combination of these using the search criteria boxes below: [Help Text](#)

**Search Criteria**

Correspondence Type:

Correspondence ID:

UCRC Case Number:

Status (not applicable to UCRC Correspondence):

**Search Result(s): 95 Found**

| Status | ID / Case Number | Type                    | Title                         | Date Sent  | Action Needed By |
|--------|------------------|-------------------------|-------------------------------|------------|------------------|
|        |                  | Request for Information | NOTICE OF ELIGIBILITY ISSUE   | 02/02/2016 | 02/09/2016       |
|        |                  | Other                   | OHIO MEANS JOBS SEEKER NOTICE | 01/29/2016 |                  |
|        |                  | Other                   | BENEFIT PAYMENT INFORMATION   | 01/28/2016 |                  |
|        |                  | Request for Information | NOTICE OF ELIGIBILITY ISSUE   | 01/27/2016 | 02/03/2016       |
|        |                  | Other                   | BENEFIT PAYMENT INFORMATION   | 01/20/2016 |                  |
|        |                  | Request for Information | NOTICE OF ELIGIBILITY ISSUE   | 01/19/2016 | 01/26/2016       |
|        |                  | Other                   | OHIO MEANS JOBS SEEKER NOTICE | 01/15/2016 |                  |
|        |                  | Other                   | OHIO MEANS JOBS SEEKER NOTICE | 01/08/2016 |                  |
|        |                  | Other                   | CLAIMANT 1099                 | 01/07/2016 |                  |
|        |                  | Other                   | BENEFIT PAYMENT INFORMATION   | 01/05/2016 |                  |

Result Pages: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#)

## Replying to Correspondence Online

**Step  
1**

Select the correspondence and click View Details.

View Correspondence InBox

EMPLOYEE, C PARTICIPATING [Log out](#)

You may search by Correspondence Type, ID, Case Number, Status or any combination of these using the search criteria boxes below: [Help Text](#)

**Search Criteria**

Correspondence Type:

Correspondence ID:

UCRC Case Number:

Status (not applicable to UCRC Correspondence):

**Search Result(s): 95 Found**

| Status | ID / Case Number | Type                    | Title                         | Date Sent  | Action Needed By |
|--------|------------------|-------------------------|-------------------------------|------------|------------------|
|        |                  | Request for Information | NOTICE OF ELIGIBILITY ISSUE   | 02/02/2016 | 02/09/2016       |
|        |                  | Other                   | OHIO MEANS JOBS SEEKER NOTICE | 01/29/2016 |                  |
|        |                  | Other                   | BENEFIT PAYMENT INFORMATION   | 01/28/2016 |                  |
|        |                  | Request for Information | NOTICE OF ELIGIBILITY ISSUE   | 01/27/2016 | 02/03/2016       |
|        |                  | Other                   | BENEFIT PAYMENT INFORMATION   | 01/20/2016 |                  |
|        |                  | Request for Information | NOTICE OF ELIGIBILITY ISSUE   | 01/19/2016 | 01/26/2016       |
|        |                  | Other                   | OHIO MEANS JOBS SEEKER NOTICE | 01/15/2016 |                  |
|        |                  | Other                   | OHIO MEANS JOBS SEEKER NOTICE | 01/08/2016 |                  |
|        |                  | Other                   | CLAIMANT 1099                 | 01/07/2016 |                  |
|        |                  | Other                   | BENEFIT PAYMENT INFORMATION   | 01/05/2016 |                  |

Result Pages: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#)

**Step  
2**

Review the information in the notice.

Select "I will provide the information requested at this time."

**Notice of Eligibility Issue**

EMPLOYEE, C PARTICIPATING [Log out](#)

At least one issue has been raised which could stop your unemployment benefits. You must provide information about each issue within five business days of the Notice of an Eligibility Issue's mailing date. If you fail to respond by the deadline date, ODJFS will make a decision based on available information. The deadline date for your response appears below in the description of each issue. [Help Text](#)

On 02/01/2016, the following eligibility issue was raised: SharedWork Ohio - Availability; the issue involves employer ABC INC; the source of the issue is Continued Claim; this issue may affect your unemployment benefits beginning on 01/17/2016; the deadline date for your response is 02/09/2016

On the following screens, you will see questions about each issue displayed above. As you complete each screen of questions, click the "Next" button. To return to a previous screen, click the "Back" button. When you complete an entire set of questions, click the "Certify" button to submit your entire response. Be aware that if you click "Certify" you cannot change any of your answers. The screen will then either take you to the next set of questions or inform you that you have completed all necessary fact-finding questions.

ODJFS will use information received by the deadline date, to decide if you will continue receiving benefits. The agency's decision, called a Determination of Unemployment Compensation Benefits, will notify you in writing if your benefits are reduced or disallowed, and for which week(s).

You may also request a fact-finding interview. You must submit a written request for a fact-finding interview by the deadline date by mail or fax to your processing center. The processing center must receive your request by the deadline date. If requested timely, the processing center will schedule the interview.

PLEASE NOTE: You may continue to receive benefit payments for the week(s) at issue. If you receive benefits for any weeks that are later reduced or disallowed, you will receive a Determination of Benefits reducing or disallowing week(s), and informing you how much you are overpaid. You must repay that amount or future benefits will be withheld until the amount of the overpayment has been repaid.

☒ I will provide the information requested at this time. (Providing the information at this time will expedite the processing of your claim.)

☐ I will not provide the information requested at this time.

[Next](#)



If you select "I will not provide the information requested at this time," you will be taken back to the Main Menu.

**Step  
3**

Answer the questions on this and the next page.

**Request for Information**

EMPLOYEE, C PARTICIPATING [Log out](#)

| Issue                                                                                                                                             | Availability | SharedWork Ohio | Involving employer | ABC INC. | Page 1 of 2               |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|--------------------|----------|---------------------------|
| <p>• How many hours were available by the employer for you to work?</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>    |              |                 |                    |          | <a href="#">Help Text</a> |
| <p>1. Did you work all of the available hours?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>                           |              |                 |                    |          |                           |
| <p>1. If no, please explain why.</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>                                       |              |                 |                    |          |                           |
| <p>• How many hours did you work?</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>                                      |              |                 |                    |          |                           |
| <p>• Did you take approved leave (sick, vacation, etc.) during the week?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> |              |                 |                    |          |                           |
| <p><a href="#">Next</a></p>                                                                                                                       |              |                 |                    |          |                           |

**Step 4**

Answer the questions on this page and attach any necessary documents.

Then check the certification box and click Certify.

Request for Information

EMPLOYEE, C PARTICIPATING [Log out](#)

---

Issue    Availability    SharedWork Ohio    Involving employer    Page 2 of 2    [Help Text](#)

1. If yes, were you paid for the leave time?

☐ Yes ☐ No

2. Please provide the total hours of approved leave taken.

• Please provide the total number of hours you were compensated for the week, including any paid leave that was used.

Attachment List:  
No attachments found.

Add Document


☐ I certify that my answers above are true and complete to the best of my knowledge, and I understand that I will not be able to change my answers after clicking the "Certify" button.

To Change your answers after you have certified to provide additional information, you may contact your local processing center

**Step 5**

This warning message will appear. Click OK.

Message from webpage

 Warning: You will be unable to add additional information/attachments once certified. Press OK to continue.


**Step 6**

If you attempt to open the same correspondence again, the above error message will display.

View Correspondence InBox

EMPLOYEE, C PARTICIPATING [Log out](#)

---

 Please correct the following errors or omissions identified on this screen below

Missing or Incorrect Entries

- You can no longer respond to this request for information. For further assistance please contact your processing center.

You may search by Correspondence Type, ID, Case Number, Status or any combination of these using the search criteria boxes below: [Help Text](#)

Search Criteria


Correspondence Type

Correspondence ID

UCRC Case Number

Status (not applicable to UCRC Correspondence)

Search Result(s): 95 Found

| Status                                                                              | ID / Case Number | Type                    | Title                       | Date Sent  | Action Needed By |
|-------------------------------------------------------------------------------------|------------------|-------------------------|-----------------------------|------------|------------------|
|  |                  | Request for information | NOTICE OF ELIGIBILITY ISSUE | 02/02/2016 | 02/09/2016       |

[Help Text](#)

# Checking Your Payment Status and Viewing Your Payment History

**Step 1**

Log into your account using the steps on previous pages.

**Step 2**

Click View Claim Summary/  
Payment History.

Ohio Department of Job and Family Services  
Ohio Unemployment Benefits - Main Menu  
EMPLOYEE, C PARTICIPATING Log out

**New Claim**  
☐ File a New Claim for Unemployment Benefits

**Weekly Claim**  
 No Weekly Claims can currently be filed

**Claim Details**  
☒ View Claim Summary/Payment History  
☐ View Overpayment Repayment Summary

**Personal Information**  
☐ Update Personal Information  
☐ Update Payment Preference Details

**Change PIN**  
☐ Change Your PIN  
☐ Change Your PIN Hint Question

**View Correspondence Inbox**  
☐ View Notices and Determinations

**Work Search**  
☐ Visit OhioMeansJobs (What's This?)

**Step 3**

You will be taken to a Claims Summary page.

Claim Summary (Payment Summary)  
EMPLOYEE, C PARTICIPATING Log out

| Claim Summary               |            | Waiting Week Credited         |        | Yes       |
|-----------------------------|------------|-------------------------------|--------|-----------|
| Benefit Year End Date       | 06/25/2016 | Waiting Week Credited         | Yes    | Help Text |
| Benefit Year Beginning Date | 06/28/2015 | Overpayment Principal Balance | \$0.00 |           |
| Weekly Benefit Amount       | \$60.00    | Fraud Penalty Balance         | \$0.00 |           |
| Total Benefits Payable      | \$7826.00  | Overpayment Interest Balance  | \$0.00 |           |
| Remaining Balance           | \$7466.00  | Penalty Week Balance          | 0 week |           |

**Payment History**  
Search Result(s): 9 Found

| Week Ending Date | Status                                | Amt Paid | Pmt Mailed Date | Determination | Confirmation |
|------------------|---------------------------------------|----------|-----------------|---------------|--------------|
| 08/01/2015       | WW Served                             | \$0.00   |                 | 000000000-2   | CC           |
| 08/08/2015       | Paid                                  | \$54.00  | 08/18/2015      | 0-0           | CC           |
| 08/15/2015       | Paid                                  | \$54.00  | 08/18/2015      | 0-0           | CC           |
| 08/22/2015       | Paid                                  | \$54.00  | 09/02/2015      | 0-0           | CC           |
| 08/29/2015       | Paid                                  | \$54.00  | 09/02/2015      | 0-0           | CC           |
| 09/05/2015       | Paid                                  | \$54.00  | 09/15/2015      | 0-0           | CC           |
| 09/12/2015       | Paid                                  | \$54.00  | 09/15/2015      | 0-0           | CC           |
| 09/19/2015       | Denied/Deductions Over Benefit Amount | \$0.00   |                 | 000000000-2   | CC           |
| 09/26/2015       | Denied/Deductions Over Benefit Amount | \$0.00   |                 | 000000000-2   | CC           |

View Pay Stub Main Menu



The "Pmt Mailed Date" is the date the agency released a payment to your bank account or debit card. Note that it may take up to three working days for funds to be available in your account.

# Additional Information for Employers

## Benefit Charging

SWO benefits are proportionally charged to employers in the same manner as regular unemployment benefits, per ORC 4141.24(D).

## Business Transfers

Employers with SWO plans must promptly notify ODJFS of any impending sales or transfers of ownership of all or part of the business that could impact the affected unit(s). Employers also must notify any successors to the business of their participation in the SWO program prior to the sale or transfer.

### Total Transfer of Business

If there is a total transfer of business from an SWO employer to a successor, ODJFS will terminate the SWO plan. The effective date of the termination will be the Saturday prior to the week of transfer. If the successor would like to participate in an SWO plan, they must submit a new application.

### Partial Transfer of Business

If there is a partial transfer of business from an SWO employer to a successor, the plan may remain in effect, depending on the details of the transfer.

## Communication

Employers should keep the following important guidelines in mind:

- When emailing ODJFS, be sure to password-protect all documents that contain participants' personal information.
- When emailing inquiries about specific participants, include the person's first name, last name and the last four digits of the SSN.
- Communicate the status and details of your SWO plan with your third-party administrator, if you have one.
- Ensure that the designated contact person is knowledgeable about the plan and the daily activities of participants.



## On-Site Presentations

Employers with approved SWO plans may request a presentation/overview at their place of business. Employers wishing to inquire about this option should call (866) 733-0025 and select option #3.

## Temporary Layoffs

If it becomes necessary for an employer to lay off workers temporarily while an SWO plan is in effect, the employer should immediately call Technical Services at (866) 733-0025, option #3, to discuss the best course of action.

# Additional Information for Employees

## Correspondence Preferences

When you apply for benefits, you will be prompted to select a preference (U.S. mail or email) for receiving correspondence from the agency. If you choose U.S. mail, you also can log into your account at [unemployment.ohio.gov](https://unemployment.ohio.gov) to view your correspondence online. If you choose email, you will receive an email notice whenever your inbox at [unemployment.ohio.gov](https://unemployment.ohio.gov) contains a new message.

## Direct Deposit/Debit Card

After your initial application, you will not be able to update your bank information online. If you wish to change your bank information, fax a copy of a voided check to (614) 387-7949, along with your first name, last name and last four digits of your SSN.

If you previously received unemployment benefits via debit card, any new benefits will be paid to the same card unless it has been deactivated. Cards are deactivated if no activity has occurred on them for three years. If your card was deactivated, you will receive a new card when your first payment is issued. If you lost your card, call US Bank at (866) 276-5114 to have a new card issued.

## Personal Identification Number (PIN)

If you previously created an account at [unemployment.ohio.gov](https://unemployment.ohio.gov) and forgot your PIN, call (866) 962-4064 to obtain a new one.

# Employer Screen Explanations

| Exceptions/Errors When Uploading Participants                      |                                                |
|--------------------------------------------------------------------|------------------------------------------------|
| Error                                                              | Causes                                         |
| Invalid First Name                                                 | Special characters, such as periods or hyphens |
| Invalid Last Name                                                  | Special characters, such as periods or hyphens |
| Invalid SSN format                                                 | Special characters, such as periods or hyphens |
| Normal Hours should be greater than 0 and less than or equal to 40 |                                                |

| Exceptions/Errors When Uploading Weeks                                                     |                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Error                                                                                      | Causes                                                                                                                                                                                                                                                                |
| Invalid SSN format                                                                         | Special characters, such as periods or hyphens                                                                                                                                                                                                                        |
| Invalid Participant SSN                                                                    | SSN not in OJI database                                                                                                                                                                                                                                               |
| Participant missing from employer                                                          | Participant not active or not associated with plan                                                                                                                                                                                                                    |
| No valid claim for participant                                                             | Participant is not part of an active SWO plan or the week being filed does not fall within the start and end dates of their participation. For example, the employer may be attempting to file a week prior to the date the participant established his or her claim. |
| Duplicate Record                                                                           | Duplicate information                                                                                                                                                                                                                                                 |
| Total Compensated Hours must be equal to zero or between 1 and 168 with up to two decimals |                                                                                                                                                                                                                                                                       |
| Select Yes or No for Work Required Hours                                                   | Selection was not made from the drop-down box                                                                                                                                                                                                                         |
| Select a Reason when Work Required Hours = No                                              | Answered "no," but no reason was selected.                                                                                                                                                                                                                            |

| Plan Category Types |                 |
|---------------------|-----------------|
| Category Type       | Explanation     |
| Initial             | Original plan   |
| Modified            | Modified plan   |
| Terminated          | Terminated plan |

| Plan Application Status Types |                                                      |
|-------------------------------|------------------------------------------------------|
| Status Type                   | Explanation                                          |
| Incomplete                    | The application was started but not submitted.       |
| Pending                       | The submitted application is awaiting agency review. |
| Approved                      | The application was approved.                        |
| Denied                        | The application was denied.                          |

| Plan Modification Status Types |                                                       |
|--------------------------------|-------------------------------------------------------|
| Status Type                    | Explanation                                           |
| Incomplete                     | The modification was started but not submitted.       |
| Pending                        | The submitted modification is awaiting agency review. |
| Approved                       | The modification was approved.                        |
| Denied                         | The modification was denied.                          |

### Continued Claim Status Types

| Status Type           | Explanation                             |
|-----------------------|-----------------------------------------|
| Pending Certification | The employer hasn't certified the week. |

### Reason – If Selected 'No' for Compensated Required Hours

| Reason                                  | Conditions for Selecting Reason                                                     |
|-----------------------------------------|-------------------------------------------------------------------------------------|
| Did Not Work All Available Hours        | Hours were offered, but the participant did not work them or used unpaid leave.     |
| Hours/Work Available Reduced/ Increased | The employer offered more or fewer hours than specified by the plan.                |
| Laid Off                                | The employer laid off the participant due to a lack of work.                        |
| Leave of Absence                        | The participant elected to be absent from work for a period of time.                |
| Other                                   | Anything not listed. For example, the participant may have been discharged or quit. |

### Participant Filing Status Types

| Status Type | Explanation                                                             |
|-------------|-------------------------------------------------------------------------|
| Pending     | The employer certified the week, but the participant has not yet filed. |
| Filed       | The participant filed and certified the week.                           |

John R. Kasich, Governor  
State of Ohio

Cynthia C. Dungey, Director  
Ohio Department of Job and Family Services

JFS 20142 (5/2017)

This institution is an equal opportunity provider and employer.