Navigating Unemployment Insurance During COVID-19: Tips and Pathways for Employers
Overview

- SharedWork Ohio: Ohio’s premier layoff aversion tool
- Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act Programs
- Impact of CARES Act funding on Reimbursing Employers
SharedWork Ohio

PROGRAM HIGHLIGHTS

SharedWork Ohio

Ohio Department of Job and Family Services
What is SharedWork Ohio?

SharedWork Ohio is a voluntary layoff aversion program, which allows workers to remain employed and employers to retain trained staff during times of reduced business activity.

Under a SharedWork Ohio plan, the participating employer reduces affected employees’ hours in a uniform manner. The participating employees work the reduced hours each week, and the Ohio Department of Job and Family Services (ODJFS) provides eligible individuals a portion of their regular unemployment benefits.

Video
SharedWork Ohio Benefits to Employers

- Maintains staff for future business growth
- Reduces future hiring and retraining costs
- Maintains worker productivity
- Retains experienced employees
- Keeps worker morale high
The Scope of Each SharedWork Ohio Plan

- A plan must apply to one “affected unit”

- Employers may have more than one SharedWork Ohio plan

- Employees are all reduced by the same percentage of the normal weekly hours of work, between 10 and 50 percent

- Plans must include a minimum of two (2) employees

- Benefits are available under the plan for up to 52 weeks (1 year)

- Plans may be modified or terminated by the employer
Participating Employee Information

- Employees do not search for work while under a SharedWork Ohio plan.
- Instead, employees need to be available for their normal weekly hours of work.
- Outside employment could affect SharedWork employees’ eligibility for benefits.
- Employer paid, approved leave (holiday, sick, vacation pay) counts toward the SharedWork Ohio hours in a week.
Automated Employer Plan Application

Plan Explanation

1. # layoffs averted

2. Do you certify that the reduction of hours were in lieu of layoffs?
   - Yes  - No

3. How do you plan to provide advanced notice, if feasible, to the employees of the SharedWork Ohio program?
   -

4. Was it feasible to provide advanced notice to the employees of the SharedWork Ohio program?
   - Yes  - No
   If it was not feasible, please explain why it was not feasible:
   -

5. Do you certify that you will not include seasonal, temporary, or intermittent employees on the SharedWork Ohio participant list?
   - Yes  - No

6. Are you allowing participants, as appropriate, to pursue training to enhance job skills approved by the director, including employer-sponsored training or worker training funded under the Workforce Investment Act of 1998, as amended?
   - Yes  - No

7. Do you certify that this plan will not affect the fringe benefits (health insurance, medical insurance, or retirement benefit) provided to employees immediately prior to the SharedWork Ohio application?
   - Yes  - No
   If the plan does affect the fringe benefits, please explain how it affects those fringe benefits:
   -

8. Do you attest to participating in the SharedWork Ohio program is consistent with your obligations under state and federal law?
   - Yes  - No

9. Do you certify to promptly notify the agency of any changes to your business including the sale or transfers of the business either whole or in part? Including notifying the successor of such a transfer or sale?
   - Yes  - No

10. Do you certify that you are and will remain current on all reports, contributions, reimbursements, interest, and penalty due prior to application and throughout the duration SharedWork Ohio plan?
    - Yes  - No

11. Do you assure that 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
Adding Participating Employees

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.

**Participant’s Social Security Number**
- **format**: ########
- **max 25 characters**

**Participant’s First Name**
- max 25 characters

**Participant’s Last Name**
- max 25 characters

**Normal Hours of Work**
- between 1 and 40

<table>
<thead>
<tr>
<th>Participant’s Social Security Number</th>
<th>Participant’s First Name</th>
<th>Participant’s Last Name</th>
<th>Normal Hours of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111111111</td>
<td>Participating</td>
<td>Employee</td>
<td>40.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Normal Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Normal Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Automated Weekly Claim Filing

<table>
<thead>
<tr>
<th>SWO Nbr</th>
<th>Category</th>
<th>Work Unit Description</th>
<th>Plan Start Date</th>
<th>Plan End Date</th>
<th>Status</th>
<th>Versions Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>00000000-2</td>
<td>Modified</td>
<td>Unit 1</td>
<td>03/29/2015</td>
<td>03/26/2016</td>
<td>Approved</td>
<td>Y</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Participant</th>
<th>SSN</th>
<th>Normal Hours</th>
<th>Reduced Hours</th>
<th>Total Compensated Hours</th>
<th>Compensated Required Hours?</th>
<th>Reason - if selected</th>
<th>No for Compensated Required Hours</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Participating Employee</td>
<td>#######</td>
<td>40.00</td>
<td>36.00</td>
<td>36</td>
<td>Yes</td>
<td>Select One</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Participating Employee</td>
<td>#######</td>
<td>40.00</td>
<td>36.00</td>
<td>20</td>
<td>No</td>
<td>Select One</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Return**  
**Save**  
**Save & Certify**  
**Upload/Exceptions**  
**Main Menu**

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<table>
<thead>
<tr>
<th>02/07/2015</th>
<th>&lt;= Week Ending Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Participant's Social Security Number</th>
<th>Participant's First Name</th>
<th>Participant's Last Name</th>
<th>Total Compensated Hours (including all approved leave)</th>
<th>Did the participant work the required hours on the plan? (Y/N)</th>
<th>Reason #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111111111</td>
<td>Unemployment</td>
<td>Climen</td>
<td>2000</td>
<td>Y</td>
<td>0</td>
</tr>
</tbody>
</table>
### Participating Employee Weekly Claim Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Claimant Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the above information reported by your SharedWork Ohio employer correct?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>if NO, please explain.</td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Did you work for an employer OTHER THAN your SharedWork Ohio 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.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>if YES, hours worked: [ ] and GROSS earnings for the week (Sunday thru Saturday):</td>
<td>$ [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>During the week claimed, did you quit?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>During the week claimed, were you discharged (fired)?</td>
<td>□ Yes □ No</td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

**Claimant Certification:** I certify that the above statements are true and accurate, and that I was able to work and available for work with my SharedWork Ohio employer. I have not claimed unemployment benefits under this or any other State or Federal system for this period. I am aware of the penalties that the Law prescribes for false statements.

□ Claimant agreed the answers were correct.
□ Claimant elected to withdraw the week.
Federal CARES Act Impact on SharedWork Ohio

- **Section 2108: Temporary Financing of Short-Time Compensation Payments in States with Programs in Law**
  - 100% federal reimbursement to states
  - Up to 26 weeks of benefits for participating employees (same as regular program parameters)
  - Employer plans must not include employees who are employed on a temporary, seasonal, or intermittent basis
  - Applicable period: March 29 – December 26, 2020
  - Federal Pandemic Unemployment Compensation ("$600/week add-on") applies to SharedWork Ohio
Summary of CARES Act Programs

- **Pandemic Unemployment Assistance**
  - Up to 39 weeks of benefits
  - Available to the following “covered individuals:”
    - Individuals who do not qualify for regular unemployment benefits or extended benefits under state or federal law;
    - Individuals who have exhausted all rights to federal or state regular or extended benefits;
    - Self-employed individuals;
    - Individuals seeking part-time employment;
    - Individuals lacking sufficient work history;
    - 1099 filers.
Pandemic Unemployment Assistance, Continued

- Period of availability: 2-2-20 through 12-26-2020

- All “covered individuals” must meet one COVID-19 related circumstance to qualify for PUA benefits

- Contract for standalone PUA system to expedite benefits during this pandemic
Federal Pandemic Unemployment Compensation

- $600/week “add-on” to unemployment programs

- March 29, 2020, through July 25, 2020

- Applies to regular state unemployment, SharedWork Ohio, Trade, federal extended benefits (Pandemic Emergency Unemployment Compensation), Federal-State extended benefits (EB), and others

- Benefits will be paid retroactive to the date of eligibility
Pandemic Emergency Unemployment Compensation

- Provides up to an additional 13 weeks of benefits
- Applies to exhaustees of regular unemployment compensation
- March 29, 2020, through December 26, 2020
Impact of the CARES Act Provisions on Reimbursing Employers

- Pandemic Unemployment Assistance: fully federally funded (no impact)

- Federal Pandemic Unemployment Compensation ($600/week add-on): fully federally funded

- Pandemic Emergency Unemployment Compensation: fully federally funded

- Federal-State Extended Benefit (EB) program: fully federally funded
Impact of the CARES Act Provisions on Reimbursing Employers, Continued

- Regular unemployment benefit charges: billed 50% of all benefit charges through December 31, 2020

- Charges not limited to those due to COVID-19

- Process: employer will receive monthly Benefit Charge Statement reflecting 100% of actual charges, but the monthly bill will reflect the reduction to 50% of charges.
Contact Information

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