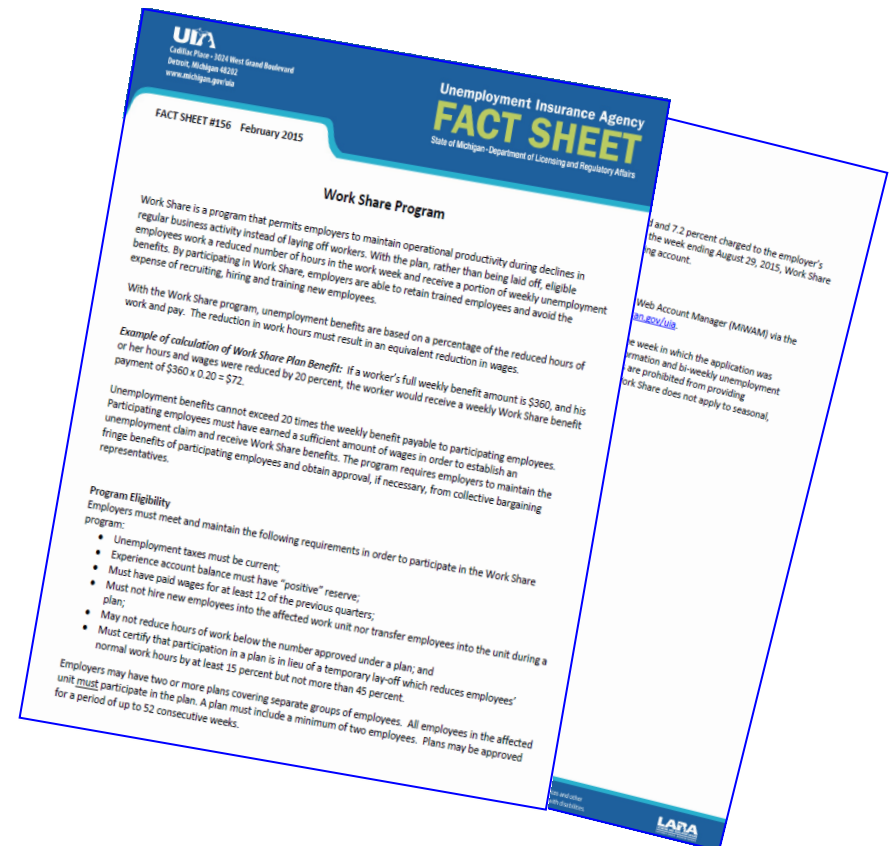




## Processing Work Share in MiDAS

Work Share allows eligible employees to work a reduced number of hours in a work week, rather than being laid off. The plan permits employers to retain valuable employees while the employees receive a portion of weekly unemployment benefit compensation.

The Work Share program has eligibility requirements and an application process which is outlined in the UIA Fact Sheet #156 (located on the Agency's public website).



## Employer Login in MiWAM

MiWAM is the only way an employer can register for Work Share. Employers may contact the Agency's Work Share Hotline at 1-844-967-5474 for assistance in enrolling in Work Share.

**1** Once an employer is signed into their MiWAM account, they must click the **UI Tax** account hyperlink from the My Accounts sub-tab.

**2** Next, click the Register For Shared-Work hyperlink to proceed to the enrollment page.

The screenshot shows the LARA Unemployment Insurance Agency website. The user is logged in, and the 'MY ACCOUNTS' section is active. The 'MY ACCOUNTS' table lists several accounts, with the 'UI Tax' account highlighted in red. The 'I WANT TO...' menu is open, and the 'Register For Shared-Work' link is highlighted in red.

Account Id	Account Type	Name	Frequency	Address	Balance
██████████	Multi-Unit Location	██████████	Non-Charge	██████████	0.00
██████████	Multi-Unit Location	██████████	Non-Charge	██████████	0.00
██████████	UI Tax	██████████	Contributing	██████████	-30.02
██████████	Multi-Unit Location	██████████	Non-Charge	██████████	0.00

## Eligibility and Enrollment

Work Share is not automatically granted to employers. There is a process that employers must follow to receive Work Share status.

There are specific requirements that must be met to qualify for Work Share. They are outlined in the Enrollment Eligibility section of MiWAM.

1. Must have filed all quarterly reports.
2. Must not have filed a \$0 gross wages report in the last 12 completed quarters.
3. Must have paid all assessments, contributions, reimbursements in lieu of contributions, interest, and penalties due through the date of the employer's application. \*except for employers approved for apportionment (see p. 22).

1. Read the eligibility application and click the appropriate response; Yes or No.
2. Enter the MiWAM password.

Note: Click the correct View File Format hyperlink to display the layout specifications for employer filed claims or Work Share certifications \*see p. 5 for an example.

**LARA Unemployment Insurance Agency**  
Department of Licensing and Regulatory Affairs

Michigan.gov Home | **UIA Home** | Contact UIA | Welcome Page

Menu Log Off  
Help

MIS  
RunDate: 18-Feb-2015

Navigation  
Home - My Accounts  
Account  
Shared-Work Registration

**Shared-Work Enrollment Eligibility**

Welcome to the UIA Shared-Work Application

In order to participate in the Michigan Shared-Work program, you must meet the following requirements: you must have filed all quarterly reports. You must not have filed a \$0 gross wages report in the last 12 completed quarters. You must have paid all obligation assessments, contributions, interest, and penalties due through the date of the employer's application.

If you believe you meet these requirements, you can apply for participation in the Michigan Shared-Work program. Before completing the application, review the file requirements for submitting your file of covered workers (see Shared-Work Covered Workers file format). This gives the UIA the information needed to complete the enrollment of the workers in your Plan. Your completed file must be submitted with your application.

Once your Plan is approved, you will need to submit a file every two weeks directing the UIA to pay benefits to the employees participating in your Shared-Work Plan (see BI-Weekly Shared-Work Certification file format).

**IMPORTANT NOTE**

The Unemployment Insurance Agency (Agency) has been advised that federal sequestration affects the Shared-Work Plan. The law was adopted at a time when 100% of unemployment benefits paid through a shared work plan are reimbursed by the federal government. As a result of the sequestration, the Agency will not be reimbursed for the cost of the Shared-Work Plan. The Agency will not be reimbursed for the cost of the Shared-Work Plan in light of this development, employers will be responsible for the cost of the Shared-Work Plan.

I wish to participate in the Shared-Work program and will abide by all the terms and conditions of the Shared-Work Plan.

Password  Required

OK Cancel

1 Click No or Yes

Do you wish to apply for a shared-work plan? No Yes Required

View File Format: Shared-Work Covered Workers File Format  
View File Format: BI-Weekly Shared-Work Certification File Format

Cancel

Michigan.gov Home | LARA Home | Contacts | UIA Home  
Accessibility Policy | Privacy Policy | Link Policy | Security Policy

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Note: Selecting Yes does not automatically approve an employer for the Work Share program.

2

1 Click No or Yes

## Eligibility and Enrollment (cont.)

**LABA Unemployment Insurance Agency**  
Department of Licensing and Regulatory Affairs

Michigan.gov Home | UIA Home | Contact UIA | Welcome Page

Menu | Log Off  
Help

Navigation  
Home - My Accounts  
Account: /  
Shared-Work Registration  
Request

Your "Shared-Work Registration" request has been submitted and will be processed in the order that it was received. Please click **Ok** to return to the previous screen. You may also print this page for your records. An eligibility notice will be sent to you today via a web notice.

Your confirmation number is 0-139-680-896.

OK | Printable View

2

File Edit View Favorites Tools Help  
Convert Select  
Page Safety Tools

Your "Shared-Work Registration" request has been submitted and will be processed in the order that it was received. Please click **Ok** to return to the previous screen. You may also print this page for your records. An eligibility notice will be sent to you today via a web notice.

Your confirmation number is 0-139-680-896.

Staff will be able to search for an employer's application using the system generated confirmation number.

Note: Searching for a confirmation is done through the Search manager, then Web tab or the Web Profile springboard (Requests tab, Processed sub-tab).

1. Click the OK button to return to the previous screen.
2. Click the Printable View to view the confirmation page in a printable format. To Print the confirmation page, click the print icon in the right hand corner or select File, then print from the tool bar.

# Layout Specifications

Once the View File Format hyperlink is selected, examples will appear outlining the acceptable formats for submitting information to the Agency. Examples are shown below.

### Employer Filed Claims - File Specifications

This document outlines the file specifications for Employer Filed Claims. Files using this format can only be submitted through the Employer File Submission web site.

#### Layout Specifications

**Overview**  
 Max file size is 5 megabytes.  
 The Employer Filed claim is submitted on the Employer account from which the web request is made.

**Employee Detail Record**  
 Each record represents a single claim.

Location	Field Name	Width	Description
1-10	Social Security Number	10	Employee's Social Security number. Must be all digits. Do not include the dashes.
11-39	Last Name	29	Last name of the employee.
40-64	First Name	25	First name of the employee.
65-84	Street Address 1	20	Employee's address.
85-104	Street Address 2	20	Employee's address.
105-124	Unit Type	3	Acceptable Unit Types: A01 = Apartment A02 = Building A03 = Basement A04 = Condo A05 = Duplex A06 = House A07 = Shop A08 = Trailer A09 = Other
125-137	Unit	13	Acceptable US ZIP Code formats: #####-#### #####-### #####
138-157	City	20	Acceptable US ZIP Code formats: #####-#### #####-### #####
158-169	State or Province Code	2	Acceptable Canadian Postal Code formats: A1A1A1 A1A1A1
170-179	Telephone	10	Area code and telephone number where the employee can be contacted while on duty. Usually a home phone number. This field is recommended through not required.
180-189	DOB	8	Do not include any formatting (D99) 985-2200 should be sent as 98502200.
190	Gender	1	Employee's date of birth. Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year.
191	Gender	1	Employee's gender: F = Female M = Male U = Unknown/Unavailable N = the employee is a non-binary citizen?
192	Citizen	1	Y = the employee is a citizen of the United States N = the employee is not a citizen of the United States
193-195	Alien Document Type	3	Type of Alien Documentation: C19 = I-191 Certificate of Eligibility C20 = I-20 Certificate of Eligibility A01 = I-20 Certificate of Eligibility A02 = I-20 Certificate of Eligibility A03 = I-20 Certificate of Eligibility A04 = I-20 Certificate of Eligibility A05 = I-20 Certificate of Eligibility A06 = I-20 Certificate of Eligibility A07 = I-20 Certificate of Eligibility A08 = I-20 Certificate of Eligibility A09 = I-20 Certificate of Eligibility
196-199	Alien Document Number	10	Alien Number associated with the document. Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year.
200-202	Alien Document Expiration Date	8	Expiration date associated with the Alien Documentation. Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year.
203-210	Race	8	Employee's race: A = Asian B = Black or African American C = Hispanic or Latino D = White E = Other F = Unknown/Unavailable G = Native Hawaiian or Other Pacific Islander H = Other I = Other J = Other K = Other L = Other M = Other N = Other O = Other P = Other Q = Other R = Other S = Other T = Other U = Other V = Other W = Other X = Other Y = Other Z = Other
211	Ethnicity	1	Y = the employee is Hispanic or Latino N = the employee is not Hispanic or Latino U = Unknown/Unavailable
212	First day of work	8	Date the employee started working for the employer. This field is recommended through not required. Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year.
213-220	Last day of work	8	Last day the employee worked. Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year.
221-228	OTW Code	1	Employee's return-to-work date: 1 = 1-90 days or less 2 = 91-120 days 3 = Over 120 days or permanent layoff 4 = Other 5 = Other 6 = Other 7 = Other 8 = Other 9 = Other 0 = Other
229-231	Occupation Code	2	Employee's occupation code. A table of valid occupation codes follows this section. This field is recommended through not required.
232	Separation Reason	1	Separation reason: 1 = Last official of work 2 = Other 3 = Other 4 = Other 5 = Other 6 = Other 7 = Other 8 = Other 9 = Other 0 = Other
233-242	Wages	10	Total gross wages earned in the last completed calendar quarter in cents. Do not include the dollar sign or commas.

#### Standard Occupational Classifications

Professional, Technological, and Managerial Occupations

- 11-13 Professional Occupations
- 14-15 Technological Occupations
- 16-17 Managerial Occupations
- 18-19 Service Occupations
- 20-21 Sales and Related Occupations
- 22-23 Office, Administrative, and Support Occupations
- 24-25 Health Care Practitioners and Related Occupations
- 26-27 Health Care Support Occupations
- 28-29 Education, Training, and Library Occupations
- 30-31 Community and Social Services Occupations
- 32-33 Protective Occupations
- 34-35 Installation, Maintenance, and Repair Occupations
- 36-37 Production Occupations
- 38-39 Transportation and Material Moving Occupations
- 40-41 Precision Production Occupations
- 42-43 Construction and Extraction Occupations
- 44-45 Agriculture, Forestry, and Fishing Occupations
- 46-47 Food Preparation and Related Occupations
- 48-49 Cleaning, Maintenance, and General Labor Occupations
- 50-51 Unemployed and Underemployed Occupations

### Shared-Work Certification - File Specifications

This document outlines the file specification for Shared-Work Certifications. Files using this format can only be submitted through MWWHM.

#### Layout Specifications

**Overview**  
 The Shared-Work Certification file must be submitted for each Shared-Work Plan independently; one file cannot contain information for multiple plans. The file may only contain records for employees that were established during the plan application, but all employees in the plan do not need to be entered into the file for it to be accepted.  
 The Shared-Work Certification file is used to quickly certify shared-work benefits for employees in the plan. The file does not contain a header record, and each row should contain employee information for the certification.

**Employee Detail Record**

Location	Field Name	Width	Description
1-6	Plan Number	6	Six-digit Shared-Work plan number. e.g. "123456"
6-15	Social Security Number	9	Employee's Social Security number. Must be all digits. Do not include the dashes.
16-32	Last Name	17	Last name of the employee.
33-44	First Name	12	First name of the employee.
45-52	Certification Date 1	8	Certification Date 1. Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year. The certification date must be a Saturday.
53-60	Certification Date 2	8	Certification Date 2. Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year. The certification date must be a Saturday.

## Notices in MiWAM

Whether approved or denied to participate in the Work Share program, the employer will receive a Notice in their MiWAM Inbox.

The screenshot shows the MiWAM interface with the following elements:

- Navigation tabs: **QUARTERS**, **ACTIVITIES<sup>1</sup>**, **NOTICES<sup>5</sup>** (highlighted with a red box), **REPORTS/PAYMENTS HISTOR**
- Sub-tabs: **UNREAD<sup>5</sup>**, **INBOX** (highlighted with a red box), **OUTBOX**
- A green circle with the number **1** is placed over the 'INBOX' sub-tab.
- The 'INBOX' section contains a table with the following data:

Posted	Read	Subject	Account Id
04-Apr-2015	<input type="checkbox"/>	<a href="#">Notice of Non-Compliance With Requirements of Shared-Work Plan</a>	000

1. Click the Notices tab, then the Inbox sub-tab to view the Agency notification.

2. An approval notice will be titled, Notice of Approval to participate in Shared-Work.

The notice will be viewable when the hyperlink is clicked (see p. 7).

The close-up shows a single row in the inbox table:

12-Feb-2015	<input type="checkbox"/>	<a href="#">Notice of Approval to participate in Shared-Work</a>	000	Tax
-------------	--------------------------	--	-----	-----

Note: The approval and denial web notice is displayed on the next page.

## Examples of Notices

Below are examples of an approval and denial notice sent to an employer. The employer will receive a web notice advising that the application was approved or denied.

**WEB NOTICE - SHARED-WORK APPROVAL**

Account Id: [REDACTED]

Account Type: UI Tax

Received: Thursday, Feb 12, 2015 3:00:35 PM  
 Subject: Notice of Approval to participate in Shared-Work

Dear James Reynolds,

Employer Name: KELLY SERVICES INC  
 Confirmation ID: 1-116-793-984



You have been found eligible to participate in the Shared-Work program. To access the Shared-Work features, log onto your Tax Account and you will see the Shared-Work link on the left. You need to log-on and complete your application plan. You will begin participating in the Shared-Work program with the submission of the completed plan.

This email was sent from a notification-only address that cannot accept incoming email. Please do not reply to this message. If you have questions regarding your unemployment account then contact the Office of the Employer Ombudsman (OEO) at 1-855-4UIAOEO (855-484-2636) or by email at [OEO@michigan.gov](mailto:OEO@michigan.gov).

If you have reason to believe this submission was made by someone other than yourself or an unauthorized person, or you are experiencing technical issues with MIWAM, you should immediately call (313) 456-2188 (between 8 am and 5 pm Monday through Friday) or email [MIWAMSupport@michigan.gov](mailto:MIWAMSupport@michigan.gov).

Thank you for using MIWAM!

Unemployment Insurance Agency

**WEB NOTICE - SHARED-WORK NON-COMPLIANCE**


Account Id: [REDACTED]

Account Type: UI Tax

Received: Saturday, Apr 4, 2015 9:40:37 AM  
 Subject: Notice of Non-Compliance With Requirements of Shared-Work Plan

Dear LENTON JENKINS,

Employer Name: MCKINNEY JENKINS AND ASSOCIATES INC  
 Confirmation ID: 0-037-809-280



For the reasons below, you are unable to participate in the Michigan Shared-Work Program at this time. If you need further explanation or believe this to be in error, please contact the office of Employer Ombudsman (OEO) at 1-855-4UIAOEO (855-484-2636) or e-mail at [OEO@michigan.gov](mailto:OEO@michigan.gov).

Reason(s) for denial:

- You have not been an active employer for 12 consecutive quarters.

If you have reason to believe this submission was made by someone other than yourself or an unauthorized person, or you are experiencing technical issues with MIWAM, you should immediately call (313) 456-2188 (between 8 am and 5 pm Monday through Friday) or email [MIWAMSupport@michigan.gov](mailto:MIWAMSupport@michigan.gov).

Thank you for using MIWAM!

Unemployment Insurance Agency

## Work Share Plans and Application

Upon approval to participate, the employer must complete an application for a Work Share plan. If they applied for Work Share previously, all prior plans will also be listed. The employer's options are:

The screenshot shows the LARA Unemployment Insurance Agency website. The header includes the LARA logo and the Michigan Web Account Manager (MiWAM) logo. The navigation bar contains links for Michigan.gov Home, UIA Home, Contact UIA, and Welcome Page. The main content area is divided into sections: UI TAX, NAMES AND ADDRESSES, and I WANT TO... The I WANT TO... section contains several hyperlinks, with 'Manage Shared-Work Plans' highlighted in a red box. A green circle with the number '1' is placed over this link. Below this section is a table titled 'PERIODS REQUIRING ATTENTION' with columns for Period, Return Status, Tax, Penalty, Interest, Credits, Balance, and Messages. The table lists three periods: 30-Sep-2015, 30-Jun-2015, and 31-Mar-2015, all with a 'File Now' status and a 'File Return' message.

The Shared-Work Plan Application button starts a new application.

The View Plan, File Certification or Terminate Plan hyperlinks are the options an employer will have if they have other plans.

The File Certification hyperlink will allow the employer to file certs associated with that plan number.

1. Click the Mange Shared-Work Plans hyperlink located in the I Want To...section.
2. Next, click the Shared-Work Plan Application button to continue the process.

The screenshot shows the 'SHARED-WORK PLANS' page. The header includes the LARA logo and the Michigan Web Account Manager (MiWAM) logo. The main content area is divided into sections: SHARED-WORK PLANS and a table of plans. The SHARED-WORK PLANS section contains a paragraph of text and a 'Shared-Work Plan Application' button highlighted in a red box. A green circle with the number '2' is placed over this button. Below this section is a table with columns for Plan Number, Unit Name, Reduction %, Begin, End, Status, View Plan, File Certification, and Terminate Plan. The table lists three plans: 400,001 PRESENTATION, 401,000 EXAMPLE 1, and 402,000 EXAMPLE 3. The File Certification link for the first plan is highlighted in a red box.



# Work Share Application

The Work Share application includes a series of questions to determine if the employer's plan will be approved.



What is the name of the work unit to be covered by your Plan?  Required

How many employees work in the affected work unit?  Required

Are all employees in the unit covered by the proposed Shared-Work Plan?  Required

What is your proposed start date of the Shared-Work Plan?  Required

What is your proposed end date of the Shared-Work Plan?  Required

Does your plan cover the entire 52-week plan period, or just certain weeks?  
 Entire Plan Period  Certain Weeks

Is this Shared-Work Plan application an amendment for a prior Shared-Work Plan?  
 Yes  No

What is the percentage of work reduction proposed for this unit?  Required

**Please read the following carefully:**  
 I will provide full and complete reports to the unemployment agency relating to the operation of this shared-work plan as required by the unemployment agency.  
 I agree  I disagree

I will not hire new employees in, or transfer employees to, the work unit covered by this plan during the effective period of the shared-work plan.  
 I agree  I disagree

I will not lay off participating employees during the effective period of the Shared-Work plan.  
 I agree  I disagree

I will not reduce participating employees' hours of work by more than the Shared-Work Plan reduction percentage during the effective period of the shared-work plan (except in cases of holidays, designated vacation periods, equipment maintenance, or similar circumstances).  
 I agree  I disagree

I have obtained the approval of any applicable collective bargaining unit representative and have notified all affected employees who are not in a collective bargaining unit of the proposed Shared-Work Plan.  
 I agree  I disagree

The implementation of this shared-work plan is in lieu of ten of the employees in the affected unit and would result in an equal or greater benefit to the employees.  
 I agree  I disagree

What is your estimate of the number of employees who would be laid off if the plan were not implemented?

How will you give advance notice to an employee whose hours are reduced (e.g. Email, Meetings, Notice Posting)?

The shared-work plan does not affect the fringe benefits of any participating employees.  
 I agree  I disagree

To complete the application process, upload the Shared-Work Covered Workers file by first clicking the "View Employee List" link below and then importing the file. Once the file has been uploaded press "Submit" to complete the application.

[VIEW EMPLOYEE LIST](#)

The View Employee List hyperlink at the bottom of the application allows employers to upload a file or manually enter the Work Share covered workers to their application.

Import Cancel

SHARED-WORK PLAN APPLICATION EMPLOYEES

To use the import feature instead of manually keying, upload an Shared-Work Employer Filed Claims file using the Import button. The file should include all of the employees for the Shared-Work Plan Application. Each record added will be listed below and can be modified prior to submission.

[VIEW FILE FORMAT](#)

Shared-Work Employees

SSN	Last Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add Employee](#)

## Work Share Application (cont.)

Once the file is uploaded the employer must click the submit button to complete the application.

The Employees section is where employers manually enter or upload an electronic file of employees in the Work Share plan.

Once the file is uploaded the employer must click the submit button to complete the application.

SHARED-WORK PLAN APPLICATION **EMPLOYEES**

To use the import feature instead of manually keying, upload an Shared-Work Employer Filed Claims file using the Import button. The file should include all of the employees for the Shared-Work Plan Application. Each record added will be listed below and can be modified prior to submission.

**In order to Submit you must add all Employees affected in this Plan: 1 out of 0**

Shared-Work Employees

Employee Delete this Record Copy row Add Employee

SSN *Required* Gender  
 Last Name *Required* U.S. Citizen *Required*  
 First Name *Required* Alien Document Type  
 Street line 1 *Required* Alien Number  
 Street line 2  
 Unit Type  
 Unit  
 City *Required* Race *Required*  
 State *Required* Hispanic or Latino? *Required*  
 ZIP / Postal Code *Required* First Day of Work  
 Telephone Occupation Code 51 - Produ  
 Date of Birth *Required* Work ZIP  
 UIA Number *Required*

Delete this Record Copy row Add Employee

**Import** **Submit** **Cancel**

1a. Use Import to electronically upload a file.  
 1b. Use the Add Employee hyperlink to manually add employees.  
 1c. Click Submit once the data is either uploaded or manually entered.



All employee records can be edited **prior to submitting the file only!**

Remember: Use the import button when uploading an electronic file.

When manually entering names, be sure to enter all names first, then click Submit.

## Work Share Claim

The employer's Work Share application will be processed immediately. The Work Share claim(s) are web requests in MiDAS which will be generated during the nightly batch.

REGISTRATION CRM TASK COLLECTION AUDIT FINANCIAL ADJUSTMENT **WEB**

WEB PROFILES<sup>2</sup> WEB NOTICES<sup>17</sup> REQUIRE ATTENTION<sup>0</sup> STORED<sup>0</sup> **PROCESSED<sup>2</sup>**

REQUESTS THAT HAVE BEEN PROCESSED SINCE 05-MAR-2015 Change Date Filter ↗

Confirm #	Account Type	Account	Title	Status	Submitted	Completed
0-098-561-152	Tax	//////	Shared-Work Plan Application	Completed	12-Feb-2015	12-Feb-2015

**Employer's WEB request** ↑

↓ **Claimant's Claim**

**CLAIMS SUMMARY** CRM TASK COLLECTION FINANCIAL ADJUSTMENT WEB

**CLAIMS** CLAIMANT IDS<sup>7</sup> NAMES<sup>1</sup> ADDRESSES<sup>1</sup> CONTACTS<sup>1</sup> LINKS<sup>0</sup> LEGACY BILLING BANK ACCOUNTS<sup>1</sup> ADJUSTMENTS

REPAYMENT CLAIMS

**CLAIMS** Add Claim PBE Id Fraud DUA Claim Hide History Filter ↗

Claim Id	Claim	Type	Status	BYB	BYE	Effective Date	WBA	Duration of Benefits	Balance
//////	UI Claim	New	Allowed	19-Jul-2009	17-Jul-2010		201.00	26.00	0.00
	UI Claim	New	Allowed	17-Feb-2013	15-Feb-2014		362.00	20.00	0.00
	Extensions	EUC1	Allowed			14-Jul-2013	362.00	10.00	0.00
	UI Claim	Additional	Allowed	31-Aug-2014	29-Aug-2015		266.00	17.50	0.00
	Shared-Work		Allowed	15-Feb-2015	19-Dec-2015	15-Feb-2015	266.00	20.00	0.00
									0.00

**NOTE:**

A Work Share and regular claim can be concurrent. A claimant can have both Work Share and a regular UI claim within the same benefit year. The claimant can only be paid benefits for one claim at a time.

## Work Share Attributes Tab in MiDAS

The Attributes tab in MiDAS is where details about a claim is displayed. From the Account springboard navigate to the Claim tab and Claim sub-tab to view the information.

### Attributes tab

- 1) Eligibility Period Begin date
- 2) Eligibility Period End date
- 3) Certification Begin date is the same as the Eligibility Period Begin date
- 4) Certification End date is the same as the Eligibility Period End date
- 5) BYB date is the same as the Eligibility Period Begin date
- 6) Separation reason of Reduced hours for the Shared Work employer
- 7) No Separation reason listed for the other employers listed on the claim
- 8) First Date Worked is the first quarter the employer reported wages
- 9) Last Date Worked is the last quarter the non-shared-work employer reported wages
- 10) The Work Share employer will not have a last day work

★**Note:** *The only fields that are editable by staff once the claim has been created are: First Date Worked, Last Date Worked, Separation Reason, Occupational Code, (Alien ID Type, Alien Registration Number, Expiration Date, Card Number and Verified - not shown).*

**Shared-Work Attributes**

**ATTRIBUTES** NOTICE FOR SHARED-WORK

PROCESS TYPE

UI  CWC  UCX  UCFE

SHARED-WORK PLAN INFO

Plan Number 403,000 Filed Date 01-Apr-2015

Employer Number  Employer Name

Unit Reduction % 45.00

Eligibility Begin 18-Jan-2015 Eligibility End 07-Nov-2015

Termination  Status Allowed

CLAIM INFORMATION

U.S. Citizen Yes Claim Type Shared-Work Filed Date 01-Apr-2015

Withhold Taxes No Claim Source Shared-Work Certification Begin 18-Jan-2015

Exemptions 0 BYB 18-Jan-2015 Certification End 07-Nov-2015

Exhausted  Gone  Withdrawn

EMPLOYER DETAIL

Employer Name	Employer Id	Search	Employed	First Date Worked	Last Date Worked	Separation Reason	Occupational Code
<input type="text"/>	000	<a href="#">Search MI Employee</a>	<input checked="" type="checkbox"/>	01-Apr-2014	31-Dec-2014		
<input type="text"/>	000	<a href="#">Search MI Employee</a>	<input checked="" type="checkbox"/>	01-Oct-2013	30-Jun-2014		
<input type="text"/>	000	<a href="#">Search MI Employee</a>	<input checked="" type="checkbox"/>	01-Apr-2014	30-Jun-2014		
<input type="text"/>	000	<a href="#">Search MI Employee</a>	<input checked="" type="checkbox"/>	01-Apr-2014		Hours Reduced	51-0000

## Notice for Work Share Tab in MiDAS

The Notice For Shared-Work tab in MiDAS is where details about Weekly Shared Amount, eligibility dates, charging detail and 5x requirements are displayed.

From the Account springboard navigate to the Claim tab and Claim sub-tab to view the information. Next, click the Notice For Shared-Work tab.

- 1) Weekly Shared Amount
- 2) BYE is the Eligibility Period End date
- 3) Charging Detail is based on the wages (The Benefit Adjustment will handle the actual charging amounts)

★ **Note: The only editable fields are: 5X Amount, 5X Requirement Met, Balance in another state, Federal Wage Reassignments, Employer ID and Not Included Reasons.**

batch 17-Feb-2015 1 of 1

**Shared-Work Attributes**

**ATTRIBUTES** NOTICE FOR SHARED-WORK

Weekly Shared Amount: 162.00    Maximum Benefit Amount: 7,240.00    Dependents: 0    First Certification: 06-Dec-2014    BYB: 30-Nov-2014    BYE: 02-May-2015

**5X REQUIREMENT**    **DENIED REASONS**

Prior BYB:     5X Amount:     0.00    Insufficient wages:     Balance in another state:     UCFE Only:

5X Requirement Met:     Fails 5X Requirement:     Request claim be withdrawn:     Federal wages assigned to another state:

**FEDERAL WAGE REASSIGNMENTS**

Last Federal Duty Station:    Employment Subsequent to Fed. Emp:    Residence State:    Reassign Federal Wages from (IB4):

**WAGE SUMMARY**

Quarter	30-Sep-2014	30-Jun-2014	31-Mar-2014	31-Dec-2013	30-Sep-2013
Reported Wages	18,727.89	17,115.94	17,120.10	17,428.49	17,165.94
Exempted Wages	0.00	0.00	0.00	0.00	0.00
Used Wages	18,727.89	17,115.94	17,120.10	17,428.49	17,165.94

Qualified using the Standard Base Period

**WAGE DETAIL**

	Employer Name	Employer ID	Quarter	Wages	Source	Not Included Reasons	NET
View	INC	000	30-Sep-2014	18,727.89	Employer		<input type="checkbox"/>
View	INC	000	30-Jun-2014	17,115.94	Employer		<input type="checkbox"/>
View	INC	000	31-Mar-2014	17,120.10	Employer		<input type="checkbox"/>
View	INC	000	31-Dec-2013	17,428.49	Employer		<input type="checkbox"/>
View	INC	000	30-Sep-2013	17,165.94	Employer		<input type="checkbox"/>



**CHARGING DETAIL**

From Emp. ID	From Emp. Name	From Non-MI	To Emp. Name	To Non-MI En	Override Charge	Wages	Charge %	Weekly Charge	Max Charge
//////////	//////////	//////////	//////////	//////////		68,830.47	100.00%	162.00	3,240.00



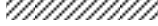
**BENEFITS CALCULATION**

17,428.49	x	4.1%	+	0	x	6.00	=	362.00
HIGH QUARTER WAGES		WEEKLY MULTIPLIER		DEPENDENTS		DEPENDENT MULT		WEEKLY BENEFIT AMOUNT
* Maximum weekly benefit amount capped at \$362								
362.00	x	45%	=	162.00				
WEEKLY BENEFIT AMOUNT		UNIT REDUCTION PERCENTAGE		WEEKLY SHARED AMOUNT				
68,830.47	x	43%	÷	20.00				
TOTAL PERIOD WAGES		DURATION MULT		DURATION OF BENEFITS				
* Maximum duration on weeks capped at 20								

## Notice To Employees Form


UIA 1054 (Rev. 01-13) Rick Snyder GOVERNOR	 State of Michigan Department of Licensing and Regulatory Affairs Unemployment Insurance Agency 3024 W Grand Blvd, Detroit, MI 48202 www.michigan.gov/uia	 LARA <small>LEARNING AND REGULATORY AFFAIRS</small> <small>COOPERATION WITH REGULATION</small>	Authorized By MCL 421.1 et seq. Sharon Moffett-Massey DIRECTOR
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 DETROIT MI 48202	<b>Mail Date:</b> April 6, 2015 <b>Letter ID:</b> L0018521693 <b>CLM:</b>  <b>Name:</b> 
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**NOTICE TO EMPLOYEES OF APPROVAL OF SHARED-WORK PLAN**

Social Security Number: XXX-XX-XXX	Eligibility Period Begin Date: 15-Feb-2015
	Eligibility Period End Date: 19-Dec-2015
	Date of first Certification: 15-Feb-2015
	Plan #: 

---

**Shared-Work Benefit Amount**

Maximum Benefit Amount: 5,320.00	Employer Name: 
Weekly Shared-Work Amount: 119.00	Employer Number: 

---

**Shared-Work Information**

Your employer has been approved to participate in the Shared-Work plan. The employer has filed a Shared-Work claim on your behalf. For every week that your hours of work are reduced, you will receive the weekly amount of shared-work benefits shown above. Your benefits will be paid bi-weekly. You will receive a debit card in the mail unless you have already chosen to receive unemployment benefits by direct deposit. If you need to update your payment method call 1-866-500-0017, select option #2, and choose how you would like to receive your benefits.

If your employer continues to participate in the Plan, you will receive Shared-Work benefits up to the total of your Maximum Benefit Amount (MBA) or the end of the Eligibility Period/Termination Date, whichever occurs first.

Your employer will provide information to the UIA about your eligibility for benefits. You do not have to call the Michigan Automated Response Voice Interactive Network (MARVIN) while receiving benefits under the Shared-Work Plan. The date of the first certification is listed above. If you have any questions regarding your benefits, you must contact your employer.

You must contact the Unemployment Insurance Agency if you have any changes to your address or telephone number at 1-866-500-0017. You may also update your address online via the UIA website at [www.michigan.gov/uia](http://www.michigan.gov/uia).

Form UIA 1054, Notice To Employees of Approval Of Shared-Work Plan, is generated and mailed to the claimant once an employer is approved to participate in the Work Share plan.

This form is similar to a monetary determination on a regular UI claim.

***The claimant cannot protest this claim or document.***

## Employer Certification

Claims that are approved for the Work-Shared plan must complete certifications in order for the claimant to receive benefit payments. **All certifications must be submitted by the employer via their MiWAM account for the claimant.**

1. Select the UI Tax Account, then click the Manage Shared-Work Plans hyperlink.
2. Select File Certification hyperlink for the plan corresponding with the claimant.
3. The certification may be entered by the employer only using two methods: a. manually entered or b. file uploaded by clicking the Import button. The employer can select View File Format to see the format needed for the file.

User Information: You are signed in as 0128200

I WANT TO...

- [View My Profile](#)
- [View My Accounts](#)
- [Set Mail Preference](#)
- [Register Location Account](#)
- [Use Voluntary Payment Worksheet](#)
- [Manage Shared-Work Plans](#)



SHARED-WORK PLANS

To view details or modify an existing approved shared-work plan, please select from the list below. To begin a new shared-work plan application please click the button to the right.

Shared-Work Plan Application

Filter



Plan Number	Unit Name	Reduction %	Begin	End	Status			
400,001	TESTONE	45%	11-Jan-2015	05-Sep-2015	Approved	<a href="#">View Plan</a>	<a href="#">File Certification</a>	<a href="#">Terminate Plan</a>
401,000	TEST RELEASE	45%	15-Feb-2015	19-Dec-2015	Approved	<a href="#">View Plan</a>	<a href="#">File Certification</a>	<a href="#">Terminate Plan</a>

Employees



Add an Employee

SSN	Plan Number	Last Name	FirstName	Certification Date 1	Certification D
Add an Employee					
<span style="border: 1px solid red; padding: 2px;">Import</span> <span style="margin-left: 10px;">Submit</span> <span style="margin-left: 10px;">Cancel</span>					

## Employer Certification (cont.)

The certification will process through the nightly job or it can be manually processed into MiDAS, the same as any other certification, but via the employer's account.

Employees **4**

Employee Certification Delete this Record Copy row

SSN  Plan Number

Last Name  Certification Date 1  **Required**

FirstName  Certification Date 2

Delete this Record Copy row Add an Employee

Import **Submit** **5** Cancel

4. The employer will enter the appropriate information in the fields under the Employee Certification section.
5. Click the submit button when finished.



## Employer Certification - MiDAS View

To view any certification that is pending, click the Web tab then the Require Attention sub-tab. To manually process a Work Share certification, click the Process hyperlink. Once the hyperlink is clicked, the certification will immediately process in MiDAS.

The screenshot displays two views of the MiDAS interface. The top view, titled 'REQUESTS THAT REQUIRE ATTENTION OR HAVE NOT BEEN PROCESSED YET', shows a table with one entry: Confirm # 0-635-432-064, Account Type Tax, Account (redacted), Title Shared-Work Certification, Status Pending, Submitted 31-Mar-2015, and a 'Process' link. The bottom view, titled 'REQUESTS THAT HAVE BEEN PROCESSED SINCE 02-MAR-2015', shows a table with five entries, all with Status Completed. A red arrow points from the 'Process' link in the top view to the 'Completed' status in the bottom view.

**Employer Customer springboard** (left) and **Employer Account springboard** (right) are indicated by red arrows pointing to the respective views.

**Top View: REQUESTS THAT REQUIRE ATTENTION OR HAVE NOT BEEN PROCESSED YET**

Confirm #	Account Type	Account	Title	Status	Submitted	
0-635-432-064	Tax	██████████	Shared-Work Certification	Pending	31-Mar-2015	<a href="#">Process</a>

**Bottom View: REQUESTS THAT HAVE BEEN PROCESSED SINCE 02-MAR-2015**

Confirm #	Account Type	Account	Title	Status	Submitted	Completed	
1-102-302-336	Tax	██████████	000	Shared-Work Certification	Completed	05-Feb-2015	01-Apr-2015
0-086-494-336	Tax	██████████	000	Shared-Work Plan Application	Completed	01-Apr-2015	01-Apr-2015
0-299-584-640	Tax	██████████	000	Shared-Work Termination	Completed	05-Feb-2015	01-Apr-2015
1-908-886-656	Tax	██████████	000	Shared-Work Plan Application	Completed	13-Jan-2015	13-Jan-2015
1-641-761-920	Tax	██████████	000	Shared-Work Registration	Completed	13-Jan-2015	01-Apr-2015

The example above displays what the completed web requests look like from the Employer Account springboard.

## Employer Certification - MiDAS View (cont.)

**SWK: C4030003-0**

ACCOUNT: SHARED-WORK Update P&I Collapse

Balance : (324.00) Account :

Claim # :

Filing : Weekly Customer : 3024 W GRAND BLVD DETROIT MI 48202-6024

Commence : 18-Jan-2015

Cease : 04-Apr-2015

Next Activity : 01-Apr-2015

NOTES Add View All Filter OPEN TASKS View All

**CERTS** ADJUDICATION CRM TASK COLLECTION ADJUSTMENT CLAIM

SUMMARY CERTIFICATIONS PAYMENTS<sup>0</sup> BENEFIT PAYMENTS<sup>0</sup> FOC ORDERS<sup>0</sup> TRANSACTIONS PAY OFF CHARGE SUMMARY

Shared-Work Balance Remaining: \$6916.00

WEEK SUMMARY Week Maintenance Filter

Week	WBA	Deductions	Withheld	Ben Pymt	Balance	Status
31-Jan-2015	162.00	0.00	0.00	0.00	(162.00)	Certified - Pending Payment
24-Jan-2015	162.00	0.00	0.00	0.00	(162.00)	Certified - Pending Payment

The Work Share certification is located on the summary sub-tab and certifications sub-tab on the claimant's Account springboard.

Click the Shared Work Cert hyperlink to view the actual cert questions.

Two examples are shown here.

**SWK: C3961071-0**

ACCOUNT: SHARED-WORK Update P&I Collapse

Balance : (324.00) Account :

Claim # : C3961071-0

Filing : Weekly Customer :

Commence : 30-Nov-2014

Cease : 02-May-2015

Next Activity : 20-Feb-2015

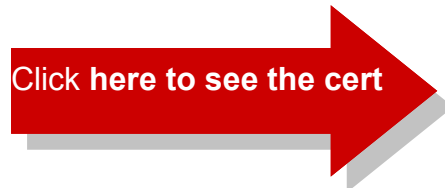
NOTES Add View All Filter OPEN TASKS View All

**CERTS** ADJUDICATION CRM TASK COLLECTION ADJUSTMENT CLAIM

SUMMARY CERTIFICATIONS PAYMENTS<sup>0</sup> BENEFIT PAYMENTS<sup>1</sup> FOC ORDERS<sup>0</sup> TRANSACTIONS PAY OFF CHARGE SUMMARY

CERTIFICATIONS: ALL Add Certifications Requiring Attention Show History Filter

Certifications	Week	Status	Due	Received	Batch	Seq	Batch Date
Shared Work Cert	17-Jan-2015	Late-Processed	24-Jan-2015	17-Feb-2015			
Shared Work Cert	10-Jan-2015	Late-Processed	24-Jan-2015	17-Feb-2015			
Shared Work Cert	20-Dec-2014	Late-Processed	27-Dec-2014	19-Feb-2015			
Shared Work Cert	13-Dec-2014	Late-Processed	27-Dec-2014	19-Feb-2015			



## Employer Certification - MiDAS View (cont.)

The completed Work Share certification and Calculation and Charging can be viewed from the Report springboard; just like a regular UI certification by clicking the Shared Work Cert hyperlink (shown on previous page). The cert is shortened and the questions are different from a regular UI cert. See the examples below.

**Taxes and FOC payments will not be deducted from Work share claims.**

**WORK SHARE CALCULATION**

Weekly Shared Amount	162.00	Total of Payments Issued	648.00
- Recoupment	0.00	Benefits Exhausted	<input type="checkbox"/>
= Benefit Pmt Amt	162.00		

**CHARGING**

Employer ID	Employer Name	Charge Amount	Charge Amount	Non-Emp. Account	Override Chrg
/	/	7.30%	11.83		SWE
/	/	62.70%	150.17	SWK	SWK

## Viewing Work Share Payments in MiDAS

**PERIOD: 31-JAN-2015**

WEEK: 31-JAN-2015

Balance : (162.00)  
 Account Type : Shared-Work  
 Account :   
 Commence : 18-Jan-2015  
 Cease : 04-Apr-2015

Filing Frequency : Weekly  
 Period Begin : 25-Jan-2015  
 Period End : 31-Jan-2015  
 Last Activity : 01-Apr-2015

Ontime-Processed 07-Feb-2015 [Shared Work Cert](#)

**FINANCIAL SUMMARY**

BENEFIT	AMOUNT	OFF SET	BALANCE
Tax	(162.00)	0.00	(162.00)
Penalty	0.00	0.00	0.00
Interest	0.00	0.00	0.00
Other	0.00	0.00	0.00
Credit	0.00	0.00	0.00
	(162.00)	0.00	(162.00)

**TRANSACTIONS: (162.00)**

Posted	Effective	Trans Type	Transaction	Amount	Link	Reversed	Balance
01-Apr-2015	07-Feb-2015	Cert Amount - Fed	0-795-229-612	(150.17)			(150.17)
01-Apr-2015	07-Feb-2015	Certification Amount	1-868-971-436	(11.83)			(11.83)
				(162.00)			(162.00)

The Period springboard is where detailed transactions associated with each cert week are located.

1. Click the Shared Work Cert hyperlink to view the certification and/or the Calculation and Charging tab.
2. The Benefit Payment sub-tab will display details of the payment. Click the MiDAS generated ID hyperlink located beneath the Benefit Payment column to view the Refund springboard.

**ACCOUNT: SHARED-WORK**

Balance : 0.00  
 Claim # :   
 Filing : Weekly  
 Commence : 18-Jan-2015  
 Cease : 04-Apr-2015  
 Next Activity : 01-Apr-2015

Account :   
 3024 W GRAND BLVD DETROIT MI 48202-6024  
 Customer :   
 3024 W GRAND BLVD DETROIT MI 48202-6024

**BENEFIT PAYMENTS**

**BENEFIT PAYMENT REQUESTS**

Week	Benefit Payment	Request Date	Request Amount	Payment Type	Payment Stage	Payment Status
	<a href="#">R747324928</a>	01-Apr-2015	324.00	BP - Paper	Approved	Approved

## Viewing Work Share Payments in MiDAS (cont.)

3. The Refund springboard will display details of the associated benefit payment requested which corresponds with the certification week.

**Refund** Feb-2015

**REFUND: R747324928**

REFUND: R747324928 - RELEASED - APPROVED

Requested Amount : 324.00  
 Total Interest : 0.00  
 Total Amount : 324.00  
 Posted Amount : 324.00

Requested : 01-Apr-2015  
 Created : 01-Apr-2015 By [redacted]  
 Work Date : 01-Apr-2015  
 Approved (Auto) : 01-Apr-2015 By [redacted]  
 Released : 01-Apr-2015 By [redacted]

REFUND ACCOUNT: ACCOUNT  
 SSN : [redacted]  
 SWK : [redacted]

REFUND NAME/ADDRESS  
 [redacted]  
 3024 W GRAND BLVD  
 DETROIT MI 48202-6024

External Id : Add  
 Refund Type : Ben Pymt - Paper  
 Approval Level : Auto Appr - Clm Auto Gen Rfn  
 Status : Approved  
 Status Date : 01-Apr-2015

REFUND APPROVAL STAGES

TRANSACTIONS CRM  
**REFUND**

REFUNDED TRANSACTIONS View Transfers Filter

Period	Trans Type	Amount	Balance	Request	Interest	Transfer	Refund
24-Jan-2015	Certification Amount	11.83	0.00	11.83	0.00	0.00	11.83
24-Jan-2015	Cert Amount - Fed	150.17	0.00	150.17	0.00	0.00	150.17
31-Jan-2015	Cert Amount - Fed	150.17	0.00	150.17	0.00	0.00	150.17
31-Jan-2015	Certification Amount	11.83	0.00	11.83	0.00	0.00	11.83

## Employers with Apportionment

Apportionment allows employers with 25 or less employees to divide their first quarter payment if they meet the criteria outlined in Section 13(3) of the MES Act. Employers with a negative balance are not considered delinquent if they are apportioning their first quarter liability and does not disqualify this type of employer from Work Share.

The screenshot displays two overlapping windows from a software application. The left window, titled 'Customer', shows account details for an employer. A red box highlights the 'Balance' field with the value '3,005.05'. Below this, there are tabs for 'REGISTRATION', 'CRM', 'TASK', 'COLLECTION', 'AUDIT', 'FINANCIAL', and 'ADJUSTMENT'. A 'WEB NOTICE - WORK-SHARE APPROVAL' is visible, with a red box around the subject line: 'Subject: Notice of Approval to participate in Work-Share'. The right window, titled 'Report', shows a 'COMBINED REPORT: 31-MAR-2014'. It includes a table of 'LINE ITEMS' and a summary table for an 'Amended Quarterly Combined Report: 3/31/2014'. In this summary table, the 'Apportionment Election' checkbox is checked and highlighted with a red box. The summary table also shows 'Gross Wages' of 208,997.48, 'Excess Wages' of 39,468.86, and 'Tax Due' of 6,407.90.

When a negative balance is present, verify the combined report on an employer's account to determine if the Apportionment Election box is checked.

The employer is eligible if all other defining factors are present (p. 3).