



## Shared Work Agreement Participant List Instructions

The Shared Work Agreement Participant List is a list of the employees you want included in the Minnesota Shared Work Program.

- § This form **must** be submitted:
  - as an Excel (.xls) file
  - with the Shared Work Agreement Application to: [Shared.Work@state.mn.us](mailto:Shared.Work@state.mn.us)
  - by noon on the Wednesday at least two weeks prior to the plan start date
  
- § To get started, open the [Participant List worksheet](#).
- § Enter:
  - only employees working:
    - § normal full time hours; and,
    - § whose hire date was at least one year prior to the agreement
  - your Minnesota Employer Account Number for the work site shown on your Shared Work Agreement Application
  - Social Security numbers of affected employees without dashes
  - names of affected employees in alphabetical order by last name; do not include middle initials, suffixes, etc.
  - the proposed reduction of hours you entered on question #5 of your Shared Work Agreement Application

### Example:

MN Employer Account Number	Employer Name	Employee Social Security # (9 digits, no -)	Employee First Name (No Middle Initial)	Employee Last Name (No - or ')	Normal Full Time Hours (40 Hours)	Proposed Hours (20 to 32 Hours)	First Date of Hire
12345	XYZ Company	123456789	John	Doe	40	32	01/01/08

### NOTE:

Please make sure the information on this form is correct before submitting it to the Shared Work Program.