



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
- By noon on the Wednesday at least two weeks prior to the plan start date

To get started, open the [Participant List worksheet](#).

- Only employees working
 - Normal full-time hours; and,
 - Whose hire date was at least three months prior to the agreement. Applicants must qualify for unemployment insurance benefits to be paid.
- 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, suffices, 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.