



**WORKSHARE  
EMPLOYER WEEKLY CERTIFICATION  
INSTRUCTIONS**

Thank you for being part of the WorkShare program. Each week employers are required to submit a weekly certification of the hours and gross pay for each employee participating in the program.

Instructions:

1. Log in to your ReEmployMe account at [www.maine.gov/reemployme](http://www.maine.gov/reemployme)
2. On screen you will see your information and the following fields already filled in for you:

Field Name	Explanation
Unit Name	The name you use to identify this unit
Percentage Reduction	The percent of reduction in hours that applies to all of the employees in the unit
SSN	Employee's social security number
Name (First, Last)	Employee's first and last name
WorkShare Hours	The number of hours the employee is expected to work under the WorkShare program
Total Hours	The number of hours the employee actually worked, including any approved time off

3. Fill in these fields:

Field Name	Explanation	
Hours Worked	Total number of hours the employee worked during this week	
Approved Time Off	Total number of hours of approved time off for the employee. Approved time off is defined by the employer but can include personal, vacation or holiday time off.	
Reason for Increase	If the employee's Total Hours are <b>more</b> than the WorkShare Hours, please select the reason for the increase in hours from the drop down list.	
	N/A	System fills this in if the number of Hours Worked is less than or equal to the number of WorkShare Hours.
	Specialized Skill	The employee worked additional hours because the unit needed their specialized skill.
	Increased work	The unit had an increase in work for which the employee was needed.
Reason for Decrease	If the employee's Total Hours are <b>less</b> than the WorkShare hours, please select the reason for the decrease in hours from the drop down list.	
	N/A	System fills this in if the number of Hours Worked is greater than or equal to the number of WorkShare Hours.
	Personal/Vacation/Holiday	The employee took personal, vacation or holiday time during the week.
	Decreased Workload	The unit had a decrease in work and therefore the employee was not needed.
	Sick	Time off because the employee or family member was sick
	Unapproved Leave	Unapproved leave is determined by the employer but can include time for which the employee did not show up for work without satisfactory cause.
	Bereavement	Time off for bereavement
Refused Work	If the employee refused work, select <b>Y</b> , otherwise, select <b>N</b> .	
Gross Pay	The gross earnings for the week in dollars and cents (including tips)	
Comment	Optional field to give additional details if needed	

Total number of hours of **approved time off** for the employee. Approved time off is defined by the employer but can include personal, vacation or holiday time off.

**Total number of hours** the employee worked during this week

If the employee's Total Hours are **more** than the WorkShare Hours, please select the reason for the **increase** in hours from the drop-down list.

If the employee **refused work**, select Y, otherwise, select N.

Enter the **gross earnings** for the week in dollars and cents (including tips)

No.	SSN	Claimant Name	Normal Work Hours	Normal Workshare Hours	Hours Worked	Approved Time Off (Hours)	Total Hours	Reason for Increase Hours ?	Reason for Decrease Hours ?	Did the employee refuse any work offered?	Gross earnings for the week (\$)	Comment
1.			40.00	32.00	0.00	0.00	0.00	-Select-	N/A	<input type="radio"/> Yes <input type="radio"/> No		
2.			40.00	32.00	0.00	0.00	0.00	-Select- Specialized Skill Increased Workload		<input type="radio"/> Yes <input type="radio"/> No		
3.			40.00	32.00	0.00	0.00	0.00	N/A	-Select- Personal Vacation Holiday Decreased Workload Sick Unapproved Leave Bereavement	<input type="radio"/> Yes <input type="radio"/> No		

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If the employee's Total Hours are **less** than the WorkShare Hours, please select the reason for the **decrease** in hours from the drop-down list.

**Questions or Concerns?**

Contact the WorkShare unit at [ucbenefitsworkshare@maine.gov](mailto:ucbenefitsworkshare@maine.gov)