Maryland Division of Unemployment Insurance

Work Sharing Participant List

Employer Name MD Account Number

Agency Use only: Plan Number

Social Security Number (complete & ascending)	Employee Name First, MI, Last	Child Support Y/N	Date of Hire mm/dd/yyyy	Normal Weekly Hours Worked 20-40	Status: Full Part Temp (F,P,T)	Assigned Unit (office, shipping, engraving, etc.)