

# **Making Ends Meet through Shared Sacrifice: Oregon Work Share Program**

**Week of May 11, 2020**

*We are Oregon Tech Together*

# **Making Ends Meet through Shared Sacrifice**

## **Discussion Points**

- Snapshot of Financial Impact of COVID-19
- What are we doing about the financial shortfall?
- Oregon Work Share Program
- Other Tools in the Toolbox
- Questions, Discussion



# **Snapshot**

## **Financial Impact of COVID-19**

- Salaries and benefits are a sizeable recurring (monthly) expense
- Fall enrollment may be fine, but it could drop
- Remote delivery has impacted revenue typically generated by auxiliaries (student housing, athletics, student health, other student fees, etc.)



# Overview

## Financial Impact of COVID-19

- Cuts to state funding may result in a \$4.5 million shortfall for FY21
- Need to fill the shortfall
- And plan for additional cuts in FY22 (perhaps beyond)
- *Obligation to plan for the worst, hope for the best*

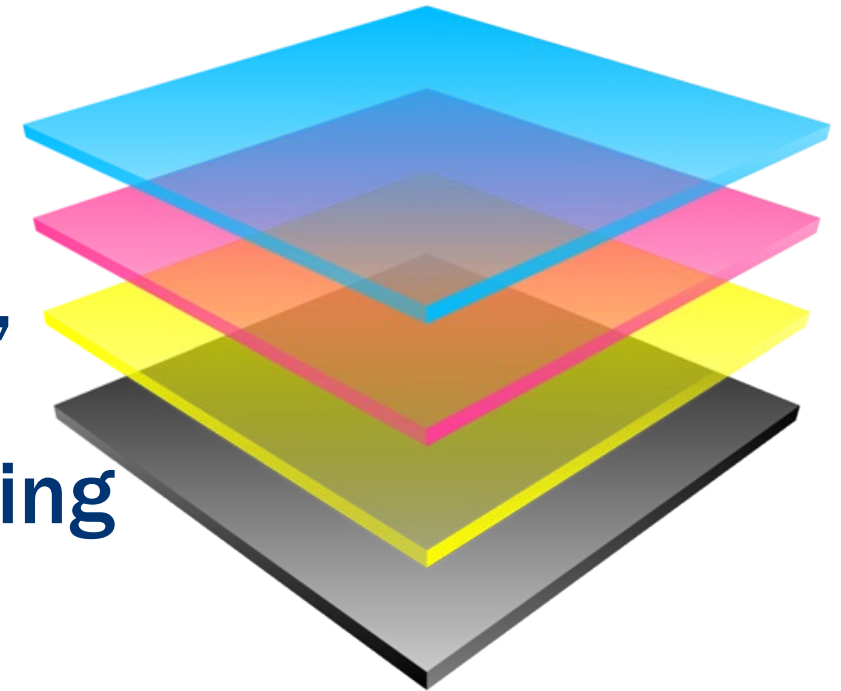


# This Problem Is Not Going To Fix Itself.



# So, What Are We Going To Do About It?

- A phased and layered approach is needed
- Appreciation for shared sacrifice and strategic reductions needed
- Already executed: partial hiring freeze, travel/training cuts, supervisors monitoring O/T, division heads approving expenditures
- Examining budgets, S&S, and all discretionary spending





# Oregon Work Share Program - Basics

- Applied to participate in the Oregon Work Share Program
- Work Share in a Nut Shell:
  1. Immediately reduces Oregon Tech payroll expenses
  2. Oregon Work Share unemployment compensation for days where employee is furloughed
  3. CARES Act federal pandemic unemployment compensation, through July 25 (\$600 weekly)



# Oregon Work Share Program - Basics

- May 7 application is to participate in the Work Share Program through Dec. 31, 2020\*
- Furlough program applies to classified & unclassified staff
- Would allow for furloughs 20% - 40% (1-2 days) per week
  - Limited exceptions with VP approval
  - Furlough schedules can vary from week to week and person to person





# Oregon Work Share Program - Basics

- Full benefits & leave accruals while also eligible for unemployment for furlough days
- Oregon Tech works directly with state, so employees do not individually file for unemployment
- Oregon Employment Department (OED)–not Oregon Tech–processes & pays UI & CARES Act subsidy
- Benefits: Immediate savings; delays more drastic measures



# Oregon Work Share Program - Basics

- Employees complete Initial Claim Form\* with Office of Human Resources (OHR)
- Employees claim “furlough” time in weekly time reporting
- Supervisors provide weekly reports to OHR detailing who had a furlough that week (can vary from week to week)
- OHR & Payroll assure weekly reports sent to the state are accurate



# Oregon Work Share Program - Basics

- When will furloughs start?
  - We are planning on starting the week of May 17
  - Leaders to start assessing furlough capacity within teams now & discuss hurdles through chain of supervision
  - The default expectation will be a 20% furlough rate per employee (or average of 20% per unit per week)

On Tuesday, employees received an email with the Initial Claim Form (it is also posted on the toolkit). It must be completed & returned to OHR by the end of the day Friday.

# Initial Claim Form (p.1)

**DO NOT** fill in SS# (unless you hand deliver a paper copy). We'll complete

**Phone = Sandi Hanan's #:  
541-885-1074**

**Work Share Employer =  
Oregon Institute of  
Technology**

State of Oregon Employment Department		WORKSHARE		INITIAL CLAIM FORM	
<b>IMPORTANT: Please answer ALL questions completely. Failure to do so may result in denial of benefits.</b>					
<ul style="list-style-type: none"><li>When a date is required, please provide the month, day and year in the following format: 01/01/2001</li><li>To complete your initial claim, you must add your signature and the date of signing. Once complete, return this form to your employer as soon as possible.</li></ul>					
Social Security Number:		Name: (Last, First, MI)		Phone:	
Applicant's Mailing Address: (Street or P.O.)			City:		State: Zip Code:
Ethnicity: (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> Asian & Pacific Islander <input type="checkbox"/> Other					Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Work Share Employer:			Phone:		
Work Address: (Street or P.O.)			Employment Start Date:		
City:		State:	Zip Code:	Job Title:	
<b>In the last 18 months:</b>					
A. Did you work for an agency of the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates employed: _____ to _____					
B. Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of service: _____ to _____					
C. Did you work for an employer in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the employer on the next page					
D. Did you file a claim for benefits against any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state: _____					
E. Did you work as a professional athlete? <input type="checkbox"/> Yes <input type="checkbox"/> No					
F. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you legally work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your work authorization number: _____					
G. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your retirement with: _____ Amount per month: \$ _____ When did you last work with this employer: _____					
H. Do you require information in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your primary language: _____					
<b>For Office Use Only</b>					
Plan #:		Current Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Received: _____	
Application: Approved <input type="checkbox"/> Denied <input type="checkbox"/>				Examiner: _____	
If denied, reason for denial: _____				Date of Review: _____	

Oregon Employment Department | [www.Employment.Oregon.gov](http://www.Employment.Oregon.gov) (Form 1697 Revised 0117) Page 1 of 2

# Initial Claim Form (p.2)

Oregon Institute of Technology  
= Most Recent Employer

Original Hire Date at Oregon  
Tech

See Sandi's email from  
yesterday re looking up  
gross income for past 18  
months

Provide additional  
employers if concurrent  
or within 2 years

Please list all of your Employers for the past two (2) years. Include temporary or employee leasing agencies, employers in and outside the USA, the federal government and the military. To list more employers, use a separate piece of paper and attach it to this form. This information will be verified with your employer(s).

First Most Recent Employer:	Phone:	I worked for this employer from:
Address: (Street or P.O.)		to:
City:		Check One:
State		<input type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence
ZIP		<input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit
Job Title:		<input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended
Second Most Recent Employer:		Total (gross) earnings in above period of work:
Address:		\$
City:		Rate of pay: \$
State		<input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
ZIP		I worked for this employer from:
Job Title:		to:
Most Recent Employer:		Check One:
Address: (Street or P.O.):		<input type="checkbox"/> Still Working <input type="checkbox"/> Leave of Absence
City:		<input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit
State		<input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Fired/Suspended
ZIP		Total gross earnings in above period of work:
Job Title:		\$
		Rate of pay: \$
		<input type="checkbox"/> HR <input type="checkbox"/> Day <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR

I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States. I understand the questions I have been asked and my answers are true to the best of my knowledge. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits. By submitting this application, I hereby request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provide for administering unemployment insurance. Following this signed Initial Claim form, I understand and authorize my employer to submit Weekly Claim Certification forms on my behalf. I understand I am also responsible for communicating with my employer and the Oregon Employment Department of any changes to my status. I understand that failure to communicate status changes can result in a delay or denial of benefits. I further understand that any overpayment or misinformation is my responsibility. I understand that I can check the status of my claim by calling the Unemployment Insurance (UI) Special Programs Center at the number listed below.

☐ By checking this box, I certify that I understand that it is my responsibility to know the information in both the Claimant and Work Share Handbooks. These handbooks can be found at [www.OregonWorkShare.org](http://www.OregonWorkShare.org).

\*\*By signing this form electronically, I understand that this electronic signature has the same meaning and validity as my handwritten signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Oregon Employment Department • Attn: UI Special Programs Center • PO Box 14518 • Salem, Oregon • 97309  
Phone: (503) 947-1800 • Fax: (503) 947-1833 • [OED\\_workshare@oregon.gov](mailto:OED_workshare@oregon.gov)

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Disclaimer: If you send this form via email, it may not be secure. If you do not utilize email encryption software we advise you contact the UI Special Program Center at (503) 947-1800 or (800) 436-6191 to sign up with our secure email server. By clicking the submit button you acknowledge that you are responsible for ensuring the protection of the personally identifiable information included in this email.



# Resources to Learn More

- Oregon Tech COVID-19 website now features a Work Share Toolkit:
  - Frequently Asked Questions (FAQs)\*
  - At a glance overview
  - Process Map
  - State resources & information
  - Helpful links (at the end of the FAQs)





# Questions? Discussion?

