



Shared Work Claimants New Claim Desk Aid (New Claim)

Security Warning: For security purposes, it is the responsibility of employees participating in the Shared Work program to set up their own accounts in RECT (ID and PW), to file their New Claims, and to file their Weekly Claims for Shared Work. If the employer files any of the above for their employee(s) it will alert our system to a possible Fraud issue and create a hold on the employee(s) account, claims, and payments. This will delay the filing process.

Claimants will go to www.FileCTUI.com, the CTDOLE unemployment filing page.

You will need to click on **“Start a New Claim”** if:

- If you are a first-time filer, or
- Your Benefit Year has ended and a new claim is needed.

PLEASE NOTE: A new claim should be filed during the first week you are receiving a reduction.

For example:

If you have your first reduction on Monday the 3rd of the month, you can file a new claim in ReEmployCT anytime starting that Monday the 3rd of the month up to 11:59 on Saturday the 8th. Then, on Sunday the 9th you will file your weekly certification. Please see the desk aid on how to file a weekly certification provided to your employer or view on our website www.SharedWorkCT.com.

After clicking on **“Start a New Claim”**:

- If this is your first time using ReEmployCT you will need to set up a new username and password; (Every unemployment filer must create a **new** account in the ReEmployCT system). If you need assistance setting this up, please refer to the desk aid on how to set up a “ReEmployCT- User ID and Password”.
- **Attention:** Prior to filing a new claim for Shared Work, your employer must have applied for Shared Work and been approved. Please do not file your initial claim until you receive confirmation that this has been completed.

Once you’ve clicked on “Start a New Claim” you’ll be directed to the “Benefit Filers/Claimant Information” page. From here you can scroll to the bottom of the page and click on “Ready? Let’s go: Click here to file in ReEmployCT”.

Ready? Let’s go: Click here to file in ReEmployCT.

Enter your user ID and Password, and then click <Log In> (please note you cannot just hit “enter” as the system requires the “click”)

Step 1: Click on <Unemployment Claim>

The screenshot shows the top navigation bar of the Unemployment Services website. The 'Unemployment Claim' menu item is circled in red. Below the navigation bar, there is a 'Quick Links' section on the left and a 'Claim Information' section on the right. The 'Quick Links' section lists various services, including 'Unemployment Claim', 'Weekly Certification', 'Update Address', 'Benefit Maintenance', 'Make Repayment', 'Inquiry', 'Correspondences', 'File Appeal', 'Motion To Reopen', 'View & Print 1099', 'Provide PUA Proof of Earnings', 'Provide PUA Proof of Employment', and 'MEUC Application'. The 'Claim Information' section shows a message: 'You do not have an active claim.'

Step 2: Click on <File Unemployment Claim>

The screenshot shows the 'Unemployment Claim' menu item circled in red. A dropdown menu is visible, showing options: 'File Unemployment Claim', 'TRA Claim Application', 'File EB Claim', and 'Benefit Rights Information'. The 'File Unemployment Claim' option is highlighted. Below the dropdown menu, there is a 'Links' section on the left and a 'Claim Information' section on the right. The 'Links' section lists various services, including 'Unemployment Claim', 'Weekly Certification', 'Update Address', 'Benefit Maintenance', 'Make Repayment', 'Inquiry', 'Correspondences', 'File Appeal', 'Motion To Reopen', 'View & Print 1099', 'Provide PUA Proof of Earnings', 'Provide PUA Proof of Employment', and 'MEUC Application'. The 'Claim Information' section shows a message: 'You do not have an active claim.'

After clicking <Next> you will be directed to the “Claim Filing Notification” screen.

Step 3: After reading the “Claim Filing Notification” click <Next>After clicking <Next> you will be directed to the “Personal Information” screen.

The screenshot shows the 'Claim Filing Notification' screen. The page contains information about the online unemployment services, including a note about the claim being made effective with the Sunday of the week you file. It also lists requirements for filing for unemployment insurance benefits, such as having a social security number, providing employer information, and having a federal employment record. At the bottom of the page, there are two buttons: '<Back' and 'Next>'. A red arrow points to the 'Next>' button.

Step 4: On the “Personal Information” Screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an “*” require an answer to proceed.

Please note, this is a sample, and you should answer questions as they pertain to you

Personal Information
* Required Information

1. SSN XXX-XX-0000

2. * First Name Jane

3. Middle Initial

4. * Last Name Doe

5. Other last name worked under since 01/01/2021

6. * Date of Birth 06 / 16 / 1973

7. * Gender ☐ Male ☒ Female

8. * Race Choose not to answer

9. * Ethnicity ☒ Not Hispanic / Latino ☐ Hispanic/Latino

10. * Are you a U.S. citizen? ☒ Yes ☐ No
If No, provide following information
a. Alien Document Type -Select-
b. Document Number
c. Expiration Date MM / DD / YYYY

11. Do you have a disability? ☐ Yes ☒ No
a. If Yes, select type of disability -Select-

12. * Are you a military veteran, transitional veteran or spouse of a military veteran? ☐ Yes ☒ No

13. * Select the highest grade completed in school 4 Years of College

14. * Do you require a language interpreter? ☐ Yes ☒ No
a. If Yes, select the preferred language -Select-
b. If other, enter the preferred language

15. * Do you want to add any dependents? ☐ Yes ☒ No
a. if yes, select the type of dependents ☐ Spouse ☐ Child

Cancel <Back Next>

After clicking <Next> you will be directed to the “Contact Details” screen.

Step 5: On the “Contact Details” screen, you will need to answer questions and then click <Next>. Please note all fields marked with an “*” require an answer to proceed.

Please note, this is a sample, and you should answer questions as they pertain to you

Contact Details
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

1. * Mailing Address
Address Line 1 123 Main Street
Address Line 2
City Wethersfield
State/Province Connecticut
ZIP Code 06109
Country United States

2. * Residential Address ☒ Same as Mailing Address ☐ Different

3. * If Different, provide details below
Address Line 1 123 Main Street
Address Line 2
City Wethersfield
State/Province Connecticut
ZIP Code 06109
Country United States

4. Telephone Number(s)
a. Primary Number 860 - 123 - 4567
b. Cell Phone Number 860 - 765 - 4321

5. * Would you like to sign-up to receive notification via text message regarding your reemployment assistance? *Message and Data rates may apply. ☐ Yes ☒ No

6. * How may we contact you?
a. Email Acknowledgment USPS Mail
TERMS AND CONDITIONS:
By checking "I Agree", you agree and consent to receive notification of unemployment insurance correspondence by electronic notifications.
(Note: If you are using an email spam blocker, you may need to add "gov" to your list of trusted email addresses or domain names in order to properly receive email correspondence from CTDOLE.)
By providing your email address you can receive important information faster and more efficiently. You can also reset your password using our convenient automated system.

7. * Email Address sample@ABC.com

8. * Confirm Email Address sample@ABC.com

9. * Select your correspondence language preference English

10. * Do you authorize the Connecticut Department of Labor to share your Unemployment Insurance information with the WorkForce development division and its partners. ☐ Yes ☒ No

Cancel Finish Later <Back Next>

After clicking <Next> you will be directed to the “Verify Contact Details” screen.

Step 6: On the “Verify Contact Details” screen, verify that the information that appears on the screen is correct, if it is, click <Next>. If the information is incorrect, click <back> to make corrections.

Verify Contact Details

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

Verify the mailing address you have created. To modify the address, select **Back**.

Claimant Mailing Address:

Address Line 1 123 MAIN STREET
Address Line 2
City WETHERSFIELD
State Connecticut
ZIP Code 06109
Country United States

<Back> Next>

After clicking <Next> you will be directed to the “Security Confirmation” screen.

Step 7: On the “Security Confirmation” screen, you will enter your name **exactly the way it appears on your Social Security Card** and then click <Next>

Security Confirmation

* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

CTDOL will validate identity information you provided with other state and federal agencies. Review the information and make any necessary changes.

1. SSN XXX-XX-2219
(If your Social Security Number is incorrect, you must contact the CTDOL Call Center at 1-860-263-6999. A Customer Service Representative is available to assist you Monday through Friday from 8:00 AM to 5:00 PM.)

2. * First Name on SSN Card Jane

3. * Last Name on SSN Card Doe

4. * Date of Birth 06 / 16 / 1973

Cancel Finish Later <Back> Next>

After clicking <Next> you will be directed to the “File Claim” screen.

Step 8: On the “File Claim” screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an “*” require an answer to proceed. **PLEASE NOTE: Do not enter a return-to-work date while on Shared Work.**

Please note, this is a sample, and you should answer questions as they pertain to you

File Claim

* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

1. * Where is this claim being filed from? Home

2. * Were you employed with the Federal government performing Federal civilian service after January 1, 2021? No

a. If Yes, where did you work? -Select-

3. * Were you discharged from the U.S. Military after January 1, 2021? No

4. * Have you worked for any employer since January 1, 2021? Yes

5. Select all the states where you worked after January 1, 2021 excluding Federal (Outside of USA) or Military employment. Connecticut

6. * Do you have a definite date to return to full time work? No

a. If Yes, indicate the date you expect to return to work MM / DD / YYYY

7. * Have you applied for Unemployment Insurance benefits in any state other than Connecticut in the last 12 months? No

8. * Was your last employer a Headstart employer? No

Cancel Finish Later <Back> Next>

Do not enter a return to work date while on Shared Work

After clicking <Next> you will be directed to the “File Claim Continuation” screen.

Step 9: On the “File Claim Continuation” screen, you will need to answer questions and then click <Next>. Please note all fields marked with an “*” require an answer to proceed.

Please note, this is a sample, and you should answer questions as they pertain to you

File Claim Continuation
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JOHN DOE

1. * Are you a construction worker? ☐ Yes ☒ No

a. If yes, please provide the NCCI code

2. * Do you expect to get employment through a Union Hall? ☐ Yes ☒ No

3. * Did you collect workers compensation since 01/01/2021? ☐ Yes ☒ No

4. * Were you on approved sick/disability leave since 01/01/2021? ☐ Yes ☒ No

Cancel Finish Later <Back Next>

After clicking <Next> you will be directed to the “Employment History” screen.

Step 10: On the “Employment History” screen, you will verify the information and then click <Next>.

Employment History

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

The following screens will ask you to provide details of your employment history during the past 18 months. CTDO will notify the employers listed on your claim application to verify employment details and the reason for separation. Providing false information or failure to disclose information with the intent to commit fraud is punishable by law.

Cancel Finish Later <Back Next>

After clicking <Next> you will be directed to the “Primary Job Title/Description Search” screen.

Step 11: On the “Primary Job Title/Description Search” screen, you will need to choose a job title that best describes your position. Enter one or two Key Words in the “Job Title” Field and then click <Search>.

Primary Job Title/Description Search
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

Enter a Job Title which reflects your skills, job history and interest. This will help our system classify the types of jobs that may meet your qualifications and interest.

1. * Job Title

Cancel Finish Later <Back Next>

After clicking <Search> you will be directed to the “Primary Job Title/Description Search” screen.

Step 12: On the “Primary Job Title/Description Search” screen, select the <radio button> next to the job title that best describes your position, then click <Next>.

Primary Job Title/Description Search
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

Enter a Job Title which reflects your skills, job history and interest. This will help our system classify the types of jobs that may meet your qualifications and interest.

1. * Job Title Automotive

Radio Button (points to the first radio button in the table)

*Select	Job Title	Job Description
☐	Automotive Engineers	Develop new or improved designs for vehicle structural members, engines, transmissions, or other vehicle systems, using computer-assisted design technology. Direct building, modification, or testing of vehicle or components.
☐	Automotive Engineering Technicians	Assist engineers in determining the practicality of proposed product design changes and plan and carry out tests on experimental test devices or equipment for performance, durability, or efficiency.
☐	Automotive Service Technicians and Mechanics	Diagnose, adjust, repair, or overhaul automotive vehicles.
☐	Automotive and Watercraft Service Attendants	Service automobiles, buses, trucks, boats, and other automotive or marine vehicles with fuel, lubricants, and accessories. Collect payment for services and supplies. May lubricate vehicle, change motor oil, refill antifreeze, or replace lights or other accessories, such as windshield wiper blades or fan belts. May repair or replace tires.
☒	Automotive Body and Related Repairers	Repair and refinish automotive vehicle bodies and straighten vehicle frames.
☐	Automotive Glass Installers and Repairers	Replace or repair broken windshields and window glass in motor vehicles.

After clicking <Next> you will be directed to the “Job Title Summary” screen.

Step 13: On the “Job Title Summary”, enter the Work Experience in years and months, answer question #1, and then click <Next>. Please note all fields marked with an “*” require an answer to proceed.

Job Title Summary
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

Job Title Summary

Job Description	Work Experience ?	Last Job Skill ?
Automotive Body and Related Repairers	3 Year(s) 6 Month(s)	☒ Delete

1. * Do you want to add another skill, job history or interest? (You can add up to five (5) skills, job history or interest.) ☐ Yes ☒ No

After clicking <Next> you will be directed to the “Geographical Preference for Work” screen.

Step 14: On the “Geographical Preference for Work” screen, select a distance and enter the zip code for which you would be willing to work, then click <Next>. Please note all fields marked with an “*” require an answer to proceed.

Geographical Preference for Work
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

1. * I would like to search for jobs within

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MRM_CT_TRG_20220526-2321

After clicking <Next> you will be directed to the “Employment Details” screen.

Step 15: Under “Employment Details”, you will need to answer the questions and then click <Next>. All fields marked with a “*” require an answer to proceed. **PLEASE NOTE: When filing for Shared Work, you must choose “Shared Work Participation” from the drop down menu for question 1j. If this option does not appear STOP and contact your Shared Work Employer.** After answering all the question, click <Next>.

Please note, this is a sample, and you should answer questions as they pertain to you

Employment Details

Claimant SSN XXX-XX-0000

Employer Name SAMPLE SHARED WORK EMPLOYER

Claimant Name JANE DOE

[More Information](#)

- 1. * Did you work for this employer?**

☒ Yes ☐ No

If Yes, provide the following information

 - First date of work
 - Last date of actual work
 - Date of separation, If different than last day of actual work
 - Job Title/Description
 - What was your rate of pay?
 - Hours per week
 - Shift
 - Did you work
 - Work Week

j. Reason you are no longer working with this employer

 - If Voluntary Quit, select reason
 - If Discharged / Fired, select reason

k. Are you receiving or are you going to apply for a pension from this employer?
(Do not include severance pay or Social Security benefits.)

i. If yes, provide the date you received or will receive the pension

l. Employer Telephone Number
- 2. * Are you receiving or will you receive severance pay, vacation pay, or any other dismissal pay from this employer?**

1. If yes, indicate which type(s):

 - Wages in Lieu of Notice/Salary Continuance (not including severance pay)
 - Severance Pay
 - Paid Time Off (PTO)
 - Vacation Pay - Other than PTO
 - Supplemental Unemployment Benefit (SUB)
 - Dismissal pay - Other Payments

2. Are you a part of a large layoff involving 20 or more employees?

IMPORTANT! When filing for Shared Work, you must Select “Shared Work Participation” from the drop down

Do not enter a last day or date of separation date

STOP

If this option does not appear **STOP & contact your SW Employer.**

[Cancel](#) [Finish Later](#)

[<Back](#) [Next>](#)

After clicking <Next> you will be directed to the “Employment Summary” screen.

Step 16: On the “Employment Summary” screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an “*” require an answer to proceed.

Employment Summary
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

Employer Name	Employment Start Date	Employment End Date	Reason You Left	Action
SAMPLE SHARED WORK EMPLOYER	01/05/2019	06/17/2022	Lack of work / Laid off	Edit

1. * Have you worked for any other employer since January 1, 2021 ? ☐ Yes ☐ No
a. If Yes, select type of employer
-Select-

[Cancel](#) [Finish Later](#) [<Back](#) [Next>](#)

After clicking <Next> you will be directed to the “Able and Available Details” screen.

Step 17: On the “Able and Available Details” screen, you will need to answer the questions and then click <Next>. Please note all fields marked with an “*” require an answer to proceed.

Please note, this is a sample, and you should answer questions as they pertain to you

Able and Available Details
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

1. * Are you currently self-employed? ☐ Yes ☒ No
2. * Have you refused an offer of work since your last day of employment? ☐ Yes ☒ No
3. * Are you presently attending school or training? ☐ Yes ☒ No
4. * Can you accept full-time work immediately? ☒ Yes ☐ No
a. If No, select all the reasons that apply
☐ Medical Condition / Disability
☐ Child Care
☐ Transportation
☐ Family Responsibility
5. * Are you a Corporate Officer? ☐ Yes ☒ No

[Cancel](#) [Finish Later](#) [<Back](#) [Next>](#)

After clicking <Next> you will be directed to the “Tax Withholding and Payment Option” screen.

Step 18: On the “Tax Withholding and Payment Option” screen, you will need to answer the questions and then click <Next>. Please note all fields marked with a “*” require an answer to proceed.

Tax Withholding and Payment Option
* Required Information

Claimant SSN XXX-XX-0000 Claimant Name JANE DOE

1. * Do you want to have 10% of your Unemployment Insurance benefit payments, including Federal Additional Compensation, withheld for Federal income tax? ☐ Yes ☒ No ?
2. * Do you want to have 3% of your Unemployment Insurance benefit payments, including State Additional Compensation, withheld for State income tax? ☐ Yes ☒ No ?
3. * Select your preferred method of receiving benefit payments
☒ Direct Deposit ☐ Debit Card
If you selected Direct Deposit, enter the following information:
a. Name on Bank Account
b. Bank Routing Number ?
c. Financial Institution
d. Bank Account Number ?
e. Confirm Bank Account Number
f. Account Type ?
-Select-

[Cancel](#) [Finish Later](#) [<Back](#) [Next>](#)

After clicking <Next> you will be directed to the “Benefit Rights Information” screen.

Step 19: On the “Benefit Rights Information” screen, you will need to read the information provided. Then sign by entering the last 4 digits of your Social Security Number (SSN) and date. Then, click <Submit>.

Benefit Rights Information
* Required Information

Important highlights of the requirements to receive Unemployment Insurance benefits [BENEFIT RIGHTS INFORMATION.](#)

Connecticut Department of Labor (CTDOL)
The process for filing your claim for Unemployment Insurance Benefits has been successfully completed. A claimant ID number will be assigned to you for claims identification. If determined eligible, your unemployment benefit payments will be paid electronically. If you have not already done so, you may choose to be paid through direct deposit to your personal bank account. If you choose not to be paid by direct deposit, a debit card will be issued to you.

TO BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS YOU MUST:
(1) Be unemployed through no fault of your own as determined by Connecticut General Statutes.
(2) Be able, available, and actively seeking full time work.
(3) Be registered for work at the American Job Center unless you have a definite return to work date in the immediate future or are receiving benefits as part of the Shared Work program. If you live outside of Connecticut, you must register for work with the state workforce agency where you reside.

TO MAINTAIN ELIGIBILITY:
You must timely file a weekly certification online at www.ctdol.ct.gov or via the CTDOL mobile app, FileCTUI. The UI Online System and mobile app are available 24 hours a day, 7 days a week. To file a weekly certification using UI Online System and mobile app you will need to establish a user ID and password.

Each week starts at 12:01 am on Sunday and ends at midnight on the following Saturday. Your weekly certification should be filed

Click [here](#) for a detailed version of the Benefits Right Information
Note that your employer(s) will be notified that a claim has been filed and will be given the opportunity to provide employment and separation information.

☒ I hereby authorize the Department with permission to send an email containing instructions on how to view the electronic Claimant's Guide to Unemployment Benefits booklet to the email address provided with this claim. I further acknowledge that I am responsible for reviewing the contents of the Claimant's Guide to Unemployment Benefits booklet. I understand that I may request a paper copy of the Benefits Rights Information booklet by sending an email request with my name and address to the following email address: dol.callcenter@ct.gov.

* Enter the last four digits of your Social Security Number as your electronic signature to acknowledge that you have read the BRI information. 0000

* Enter today's date to acknowledge that you have read the BRI information 06 / 27 / 2022

Cancel Finish Later <Back Submit

After clicking <Submit> you will be provided with important weekly filing instructions and a claim confirmation. This completes the filing an initial/new claim process.

REMINDER: Once the New claim is processed you will be responsible for filing your weekly certifications timely while on the Shared Work program. If you have questions about filing weekly certifications, please refer to the desk aid on filing weekly certifications if you have questions.