

# SIDES E-Response

## User Desk Aid



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DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

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## Introduction

Congratulations on choosing to utilize SIDES E-Response to respond to your Notice to Employer Requests from the Arizona Department of Economic Security. This user guide provides an overview of the steps required to submit your response. Information provided includes screen shots, lists of data elements and formatting requirements for each, as well as helpful tips. You may navigate this document by simply scrolling through it, selecting the desired section from the table of contents, or selecting the desired section from the bookmarks to the left of the screen.

If you have questions about responding through SIDES E-Response, contact the Client Advocate at (602) 542-5954 (select option 3) or [UIClientAdvocate@azdes.gov](mailto:UIClientAdvocate@azdes.gov)

For technical assistance with logging in, contact the Help Desk at (602) 542-2460 or [EAHelpdesk@azdes.gov](mailto:EAHelpdesk@azdes.gov)

### Legend for the data elements:

Column: Required?    R=Required    O=Optional    C=Conditional    N/A=Display Only  
Column: Field Size    Number of Characters

# Sample Email Notification

Employer: **Employer Name**

Date: mm-dd-yy

Arizona UI Tax Account Number: **\*\*\*\*\***

Notices to Employer (form UB-110) of an Unemployment Benefit claim filing has been sent to the SIDES E-Response for your review. You have **10 business days** from the date of the Notice to respond. You may lose your right to be an interested party if your response is not on time.

To access the SIDES E-Response website, follow the instructions for logging into the website below.

## **INSTRUCTIONS FOR LOGGING INTO E-RESPONSE WEBSITE:**

1. Use the following link to access the SIDES E-Response website: <http://uisides.org>

\* If you are having problems with this link, please read the section titled Technical Specifications and Requirements below.

2. **Select the option for 'Separation Information'**

This option will allow you to report all eligibility information, including sick or vacation pay, or any other information you may have about the individual's status.

3. Enter the following **THREE credentials** to access your Notice to Employer:

- a. Federal Employer Identification Number (FEIN) (Please enter numbers only)
- b. Your Arizona Unemployment Insurance (UI) Tax Account Number
- c. Personal Identification Number (PIN) provided below:

PIN: **2016110903301####**

The information circled helps identify the business – and provides the information needed to log in to respond.

- 1) Employer – this is especially useful if you respond for more than one business.
- 2) Arizona UI Tax Account Number – you use this, along with the business's Federal ID Number (FEIN) as part of your login.
- 3) PIN – this is the last piece of information needed to log in.

## **Technical Specifications and Requirements**

*The following browsers are highly recommended for using E-Response. If you used the UI SIDES link above and it did not take you to the SIDES website, please use one of the recommended browsers or check with your IT department to ensure that you are meeting the minimum requirements to log into the E-Response system.*



### **Recommended Browsers:**

*Internet Explorer (IE) version 9 or higher  
Chrome V44 or higher  
Firefox V37 or higher*

### **Additional requirements:**

*JavaScript must be turned ON  
Minimum screen resolution of 1024 X 768*

If you need assistance with logging into the SIDES E-Response System please contact the EA Helpdesk at 602-542-2460.



SIDES E-Response supports the following browsers:

- IE 9 and above
- Chrome V44 and higher
- Firefox V37 and higher

**Welcome to the E-Response Website  
for the  
Unemployment Insurance State Information Data Exchange System**

Please select the application you want to use:



Notice of UI Claim Filing

- Separation Information
- Wages Reported and Possible Charges
- Determinations and Decisions

Earnings Verification

**Note - in AZ, only Separation Information is available to respond to via E-Response. If you want to respond to a Wage and Audit Notice (Earnings Verification), you must log on to IRME (Internet Response Module for Employers) . For more information, visit [www.azuitax.com](http://www.azuitax.com)**

## Separation Information Application Response Entry

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

All values entered into the FEIN/SEIN/PIN fields are case SenSiTive

Note: Dashes and/or other punctuation should be omitted from the Federal Employer Identification Number.

### Separation Information Application Response Entry

To respond to your separation information request(s), please login using the instructions provided by the State Agency.

\* State:  ?

\* Federal Employer Identification Number:  ?

\* State Employer Identification Number:  ?

\* Identification Number/Access Code (PIN):  ?

[Return to the Main E-Response Selection Page](#)

### Separation Information Application Response Entry – Data Fields

Field	Description	Required	Field Size	Help/Example	Business Rules
State	The state from which the request came	R	N/A	Select the state from which the request came from the drop down	
Federal Employer Identification Number	The employer's federal identification number	R	9	Type into text field. Numeric only.	Do not include any dashes (-) or other punctuation
State Employer Identification Number	The employer's state employer identification number	R	20	Type into text field. Numeric only.	
Identification Number / Access Code (PIN)	The employer's identification number / access code (PIN)	R	20	Type into text field. Numeric only.	Must be typed in the text field exactly as communicated by the state <a href="#">Copy / paste from the email notification do not copy extra spaces</a>

## Separation Information Request

**SIDES E-Response** **AZ UNEMPLOYMENT INSURANCE** FEI [REDACTED] SEI [REDACTED] [Sign out](#)

**Announcement:** Welcome to UI SIDES E-Response. SIDES E-Response supports the following browsers:

- IE 9 and above
- Chrome V44 and higher
- Firefox V37 and higher

**Please Note:** The system has regularly scheduled maintenance from 12:00:01 AM ET Sunday - 04:00:00 AM ET Sunday. You should not work on your responses during this window as the system may go down unexpectedly.

### Separation Information Requests

Separation Information Requests for PIN:

Order by:

SSN: [REDACTED]	Response Status: <b>Not Started</b>	<a href="#">View/Print</a>
Name: E-SIDES, TESTI	<a href="#">Create Response</a>	<a href="#">?</a>
Date Due: 11:59 PM Eastern on 04/13/2016		

No separation requests found for other PINs.

**Users Guide**  
[Help with E-Response](#)

Select a Separation Information Request to create a response and/or view/print. Or, select a Separation Information Response to edit, delete or view/print.

Select "Create Response" to begin a response.

Select "Edit Response" to edit information to a response that has not yet been submitted.

Select "Delete Response" to delete a response that has not yet been submitted.

Select "Create Amendment" to change a response that has already been submitted.

Select "Edit Amended Response" to edit information on an amendment in progress.

Select "Delete Amended Response" to delete an amended response that has not yet been submitted.

**Note:** Requests remain on the SIDES E-Response Website for 35 days.


## Separation Information Request – Data Fields


Field	Description	Required	Field Size	Help/Example	Business Rules
SSN / Name	The SSN and Name of the individual that filed the claim	N/A	N/A		
Date Due	The date / time the response is due in order to be considered timely	N/A	N/A		
Response Status	The current state of the response	N/A	N/A	Examples: Not Started, In Progress, Submitted	



View / Print	Link to a PDF version of the claim	Link	N/A	Click to view / print a PDF version of the claim	
Create Response (button)	Click the button to begin creating the response to this claim	Button	N/A		
Edit Response (button)	Click the button to edit a response that has not yet been submitted	N/A C	N/A		
Delete Response (button)	Click the button to delete a response that has not yet been submitted	N/A C	N/A		

## Claimant and Employer Information





FEIN: [REDACTED]  
 SEIN: [REDACTED]
 Sign out

---

Response for: SSN: [REDACTED] Claim Number: Name: E-SIDES, TESTI  
 Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

### Claimant and Employer Identification

**Requesting State**

State: **AZ**

Agency:

Phone:

Fax:

**Claimant Provided Information**

SSN: [REDACTED]

Name: **E-SIDES, TESTI**

Other Last Name Used:

State Claim Number:

Benefit Year Begin Date: **2016-03-20**

Type of Claim: **New Initial Claim**

**Employer Information**

Employer Name: **Information of Record**  
**HOMETOWN TRANSMISSION SPECIALIST**

State Employer Account Number: [REDACTED]

Federal Employer Identification Number: [REDACTED]

Employer Type: **Last Employer**

Check here if employer information is incorrect ?

Check here if the claimant worked under any other SSN or Name ?

---

**Employer Status**

Check here if claimant did NOT work for this employer ?

Check here if TPA receiving this request does NOT represent this employer

Cancel Save Main Menu Next >

 Go to Page: Claimant and Employer Identification Go

TPA = Third Party Administrator

## Claimant and Employer Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
SSN / Name / Other Last Name Used	The SSN / Name / Other Last Name Used - as	N/A	N/A		

	provided by the individual filing the claim				
Benefit Year Begin Date	The Sunday of the first week in which the individual filed the claim	N/A	N/A		
Type of Claim	The type of the claim filed by the individual	N/A	N/A	Example: New Initial Claim / Additional Claim	
Employer Name	The employer name as listed in our database	N/A	N/A		
State Employer Account Number	The State Employer Account Number	N/A	N/A		
Federal Employer Identification Number	The Federal Employer Identification Number as listed in our database	N/A	N/A		
Check here if employer information is incorrect	Use this check box to indicate the employer information provided above by the state is incorrect.	<input type="radio"/>	N/A	Click only if a correction must be made to the employer information listed	
Check here if the claimant worked under any other SSN or Name	Use the check box to indicate the claimant information provided above by the State is incorrect.	<input type="radio"/>	N/A	Click only if the claimant worked under a different SSN or Name while employed by this business	
Check here if claimant did NOT work for this employer	Use the check box to select the reason why the Request does not apply	<input type="radio"/>	N/A	Click only if the claimant did not work for this employer	
Check here if TPA receiving this request does NOT represent this employer	Use the check box to select the reason why the Request does not apply	<input type="radio"/>	N/A	Click only if the TAP receiving this request does not represent the employer	

## Employer Identification Change

**SIDES E-Response** **AZ UNEMPLOYMENT INSURANCE** FEI [REDACTED] SEI [REDACTED] [Sign out](#)

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: E-SIDES, TESTI  
Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

### Employer Identification Change

**Employer Information**

Employer Name:  ?

State Employer Account Number:  ?

Federal Employer Identification Number:  ?

**Information of Record**  
HOMETOWN TRANSMISSION  
SPECIALIST

**Corrections(if different)**

?  
 ?  
 ?

[< Back](#) [Cancel](#) [Save](#) [Main Menu](#) [Next >](#)

Go to Page  [Go](#)

Users Guide  
Help with E-Response  
\* indicates a Required Field  
Please review Claimant and Employer Identification information and enter any corrections.

## Employer Identification Change – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Employer Name	Enter the corrected legal name of the business according to employer records	O	100	Example: ABC Company	
State Employer Account Number	Enter the corrected employer account number according to employer records	O	20	Example: 123456789abcd	
Federal Employer Identification Number	Enter the corrected Federal Employer ID Number according to employer records.	O	9	Example: 123456789	

## Claimant Identification Change

Response for: SSN [REDACTED] Claim Number: [REDACTED] Name: E-SIDES, TESTI  
Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

### Claimant Identification Change

**Claimant Information**

SSN: [REDACTED]

Claimant Name used to file claim: E-SIDES, TESTI

Other Name Used: [REDACTED]

**Information of Record**

SSN: [REDACTED]

**Corrections(if different)**

[REDACTED] ?

[REDACTED] ?

< Back Cancel Save Main Menu Next >

Go to Page Claimant and Employer Identification Change Go

**Users Guide**

**Help with E-Response**



\* indicates a Required Field

Please review Claimant and Employer Identification information and enter any corrections.

## Claimant Identification Change – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
SSN	Enter the additional SSN for a claimant who performed work under more than one Social Security Number	O	9	Example: 123456789 (numeric only)	Does not equal SSN used for claim
Other Name Used	Enter the full name the claimant used while working, if different than the name in state records.	O	70	Example: John E. Doe	

## Employer Status Change



FEI  
SEISign out

Employer Status Change

You have chosen to change the "Employer Status in Relation to this Claim" to **Claimant Did Not Work For Employer** .

Any question you have answered previously while working under the *Claimant Worked For Employer* except those on the *Claimant and Employer Information* screen will be removed from the system.

Select Continue to save your new "Employer Status in Relation to this Claim."

FEI  
SEISign out

Employer Status Change

You have chosen to change the "Employer Status in Relation to this Claim" to **TPA Does Not Represent Employer** .

Any question you have answered previously while working under the *Claimant Worked For Employer* except those on the *Claimant and Employer Information* screen will be removed from the system.

Select Continue to save your new "Employer Status in Relation to this Claim."

## Employer Status Change – Data Elements

Field	Description	Required / Optional
Cancel (button)	Click Cancel if you do not want to save your new "Employer Status in Relation to this Claim"	Optional
Continue (button)	Click Continue to save your new "Employer Status in Relation to this Claim"	Optional

## Preparer Information

The screenshot shows the 'Preparer Information' form in the AZ UNEMPLOYMENT INSURANCE E-Response system. The header includes the SIDES E-Response logo and the text 'AZ UNEMPLOYMENT INSURANCE'. A 'Sign out' button is visible in the top right. The main content area displays the following information:

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: E-SIDES, TESTI  
 Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

**Preparer Information**

**\*Who is providing this response?**  
 If the preparer is a TPA, what is the TPA company name?

**\*Name of the person preparing this response:**

**\*Job title of the person preparing this response:**

**\*Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes or spaces)**

**\*Preparer's e-mail address:**

Preparer's Fax number: (Only digits, omit parenthesis, dashes or spaces)

**Enter Information:**  
 Employer  TPA

Navigation buttons: < Back, Cancel, Save, Main Menu, Next >

Go to Page: Preparer Information [Go]

## Preparer Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Who is providing this response?	Select whether the response is by the employer or representative (Third Party Administrator)	R	N/A	Click on button "Employer" or "TPA"	

If the preparer is a TPA, what is the TPA company name/	Enter the Third Party Administrator name	C	60	Example: Third Party Administration Company	Required if Preparer Type is TPA
Name of the person preparing this response	Enter the preparer's name	R	60	Example: Alice Smith	
Job title of the person preparing this response	Enter the preparer's title	R	30	Example: Bookkeeper	
Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes, or spaces)	Enter the preparer's telephone plus extension	R	15	Example: 60298212809991	
Preparer's e-mail address	Enter the preparer's e-mail address	R	60	Example: alice.smith@mail.com	
Preparer's Fax number (only digits, omit parenthesis, dashes or space)	Enter the preparer's fax number	O	10	Example: 3029821571	



## Employment Information

**Employment Information**

Response for: SS [redacted]:1 Claim Number: Name: E-SIDES, TESTI  
Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

FEIN [redacted] SEIN [redacted] Sign out

**Employment Information**

Claimant's Job Title: [text box] ?

Was this seasonal employment?  Yes  No ?

First day of work: Claimant Provided: [text box] ?

Last day of work: Claimant Provided: 03/14/2016 ?

If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation? [text box] ?

What was the claimant's average weekly wage? [text box] ?

What was the average number of hours the claimant worked per week? [text box] ?

Claimant Provided Reason for Separation: Laid Off/Lack of Work ?

\* Employer's Reason for Claimant's Separation: Select One ?

If the reason for separation is a Labor Dispute, is the claimant not working due to a strike or a lockout?  Strike  Lockout ?

If the reason for separation was retirement, was the claimant's retirement mandatory?  Yes  No ?

< Back Cancel Save Main Menu Next >

Go to Page Employment Information Go

**Employer's Reason for Claimant's Separation Drop Down Selection List**

- Select One
- Select One
- Temporary Layoff
- Laid Off/Lack of Work
- Fired/Discharged
- Vacation/Holiday Shutdown
- Asked to Resign
- Voluntary Quit/Separation
- School Employee Between Semesters or Terms, Likely to Return
- School Employee Between Semesters or Terms, Not Likely to Return
- Still Employed, Full Time
- Still Employed, Part Time ★
- Still Employed, Hours Reduced by Employer
- On Call or Temporary Status
- Leave of Absence
- Retirement
- Disciplinary Suspension
- Labor Dispute
- Professional Athlete Between Sports Seasons
- Disaster Related Separation
- Not Listed Above
- Refuse To Provide

**See Note below chart regarding still working part time**

## Employment Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Claimant's Job Title	Enter the claimant's job title or role	O	30	Example: Security Guard	
Was this seasonal employment?	Click on the "Yes" or "No" button to indicate whether the employment is seasonal according to state law.	O	N/A		

First Day of Work	Enter the claimant's first day of work	O	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year	Date must be in the past and more recent than the request date minus fifty years. Date is before or equal to the Claimant's Last Day Worked.
Claimant Provided:	Display of the date provided by claimant, if available				
Last Day of Work	Enter the claimant's actual last day of work	O	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year	Date is after or equal to Claimant's First Day of Work. Date must be in the past and more recent than the request date minus fifty years.
Claimant Provided:	Display of the date provided by claimant, if available				
If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation?	Enter the claimant's separation date if it is different from the actual last day of work	O	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year	Date is after or equal to Claimant's First Day of Work. Must not have a value if Last Day of Work above has no value.
What was the claimant's average weekly wage?	Enter the claimant's average weekly wage.	C		Do not use \$ sign or commas	Numbers only with 2 decimal places. Required if any Compensation after Separation is included in the record.
What was the average number of hours the claimant worked per week?	Enter the average number of hours the claimant worked per week. If hours are not a whole hour, round up to the nearest whole hour. (Used to allocate remuneration).	C	2	Numeric only.	Required if any Compensation after Separation is included in the record.
Claimant Provided:	Display of the reason provided by claimant, if available (note - only available for last employer)				

Employer's Reason for Claimant's Separation	From the drop down box, select reason for the claimant's separation from employment.	R	N/A	Example: Voluntary Quit	
If the reason for separation is a Labor Dispute, is the claimant not working due to a strike or lockout?	Select the reason to indicate the labor dispute	C	N/A	Click on "Strike", "Lockout" or "N/A" button	Required if Employer Separation is Labor Dispute
If the reason for separation was retirement, was the claimant's retirement mandatory?	Click on the "Yes" or "No" button to indicate whether the retirement was mandatory	C	N/A	Click on the "Yes" or "No" button	Required if Employer Separation is Retirement


### Still Working Part Time


If the claimant is still working part time, there is not a separate page to complete regarding whether they're accepting all hours, etc. (that continues on the Wages/Hours and Additional Sep Info pages)

The Last Day of Work should be entered as the claimant's last *physical* day working at the job (if it's the date of the response, enter that date).

Some employers get confused about "Last Day of Work" because they correlate that to a separation - and in this case, the claimant is still working.

## Wages Earned / Hours Worked





FEIN  
SEIN

---

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Note: Selecting the **BACK**, **NEXT** or **GO** buttons will **SAVE** the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the **CANCEL** button before selecting **BACK**, **NEXT** or **GO**.

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: E-SIDES, TESTI  
 Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

**Wages Earned/Hours Worked**

What were the total wages earned by the claimant after 03/29/2016:  ?



What were the total hours worked by the claimant after 03/29/2016:  ?

Go to Page

## Wages Earned / Hours Worked – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What were the total wages earned by the claimant after mm/dd/yyyy	Enter the total wages earned by claimant after the Claim Effective Date. Do not use \$ sign or commas.	0	See Help	Numbers with only 2 decimal places. Example: 1000.50 (for \$1,000.50)	
What were the total hours worked by the claimant after mm/dd/yyyy	Enter the total hours worked by the claimant after the Claim Effective Date	0	2	Example: 20	Required if Wages After Claim Effective Date is greater than 0

# Additional Separation Information

FEIN: [REDACTED]  
SEIN: [REDACTED] Sign out

Response for: SSN [REDACTED] Claim Number: [REDACTED] Name: E-SIDES, TESTI  
Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

### Additional Separation Information

**Does the claimant have reasonable assurance of returning to work?**  Yes  No ?  
If yes, what date do you expect the claimant to return to work?  ?

**If the claimant is still doing some work, is the claimant working all available hours?**  Yes  No ?  
If no, why isn't the claimant working all available hours?  ?


**\* Will the claimant receive any of the following compensation on or after the last day of work:** ?

Severance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Separation Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vacation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holiday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Profit Sharing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wages In Lieu of Notice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonus Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residual Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sick Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not Listed Above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**\* Will or is the claimant receiving a company pension?**  Yes  No ?

< Back Cancel Save Main Menu Next >

Go to Page:  Go




**You must check Yes/No for each type of compensation - you will receive an error message at the end if neither box is checked**

## Additional Separation Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Does the claimant have reasonable assurance of returning to work?	Click on the "Yes" or "No" button to indicate whether the claimant has a reasonable assurance to return to work	C	N/A	Click on "Yes" or "No" button	Required if Employer Separation Reason is Vacation / Holiday Shutdown, School Employee Between Semesters or Terms - Likely to Return, Professional Athlete Between Sports Seasons, Temporary Layoff, or Disciplinary Suspension
If yes, what date do you expect the claimant to return to work?	Enter the date the claimant is expected to return to work	C	See Help	Dates must have the month, day and year (in that order). They can be separated with dashes (-), slashes (/), or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year. Example: 1/2/2009 or 2/05/15	Required if Return to Work Flag = "Yes" Date is after State Claim Effective Date. Must be after Effective Separation Date and not more than Request Date plus one year in the future.
If the claimant is still doing some work, is the claimant working all available hours?	Select a response to indicate if the claimant is working all the available hours	C	N/A	Click on "Yes" or "No" button	Required if Employer Separation Reason is Still Employed - Hours Reduced by Employer
If no, why isn't the claimant working all available hours?	Enter the reason the claimant is/was not working all available hours	C	500	Example: Lack of Child Care	Required if Working All Available Hours is "No"
Will the claimant receive any of the following compensation on or after the last day of work: (Check boxes)	Click the "Yes" or "No" button to indicate whether the employer is providing any remunerations to the claimant	C	N/A	Click on the "Yes" or "No" button	Required if Employer Separation Reason is anything but "Refuse to Provide" <b>NOTE - MUST select Yes or No - cannot leave any of the boxes blank</b>
Will or is the claimant receiving a company pension?	Click on the "Yes" or "No" button to indicate whether the employer is providing a pension to the claimant	C	N/A	Click on the "Yes" or "No" button	Required if Employer Separation Reason is anything but "Refuse to Provide"

## Discharge or Disciplinary Suspension



# AZ UNEMPLOYMENT INSURANCE

FEIN [REDACTED]  
SEIN [REDACTED]

[Sign out](#)

Response for: SS [REDACTED] Claim Number: Name: E-SIDES, TESTI  
 Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

### Discharge or Disciplinary Suspension

[Users Guide](#)

[Help with E-Response](#)

\* Indicates a Required Field

Enter all applicable information using the space provided.

Please select **SAVE** to view any newly required fields due to data input into the system since the last SAVE.

Note: Selecting the **BACK**, **NEXT** or **GO** buttons will **SAVE** the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the **CANCEL** button before selecting **BACK**, **NEXT** or **GO**.

Reason Claimant was discharged or suspended Drop Down Selection List

\* What is the reason the claimant was discharged or suspended from employment? Select One

What was the final incident that caused the discharge or suspension?

What was the date of the final incident? [ ]

Did the claimant violate company policy?  Yes  No

If a company policy was violated, was the claimant made aware of the policy or unacceptable behavior that contributed to the discharge or suspension?  Yes  No

If yes, how was the claimant aware of the policy or unacceptable behavior that contributed to the discharge or suspension?  Written  Verbal  Both

\* What is the name of the person who took the action to discharge or suspend the claimant? [ ]

\* What is the title of the person? [ ]

\* Were there prior incident(s)?  Yes  No

Select One

- Not Qualified/Inadequate Performance
- Absenteeism/Lateness
- Failed To Follow Instructions/Policy/Co
- Drugs and Alcohol
- Dishonesty/Theft, Felony or Misdemeanor
- Medical
- Failed Employment Requirements
- Not Listed Above

< Back
Cancel
Save
Main Menu
Next >

Go to Page Discharge or Disciplinary Suspension Go


## Discharge or Disciplinary Suspension – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What is the reason the claimant was discharged or suspended from employment?	From the drop down, select the reason the claimant was discharged or suspended from employment	R	N/A	Example: Drugs / Alcohol	Required if Employer Separation Reason is Discharged or Asked to Resign

What was the final incident that caused the discharge or suspension?	Enter a statement to describe the final incident that caused the discharge. Example, if claimant violated employer's rule, explain which rule was violated.	C	1,000	Example: He was late 5 times. This is critical because his job was to open the store for all other employees.	Required if Discharge Reason is other than Not Qualified or Not Provided
What was the date of the final incident?	Enter the date the claimant violated the rule, behaved unacceptably, was absent or late, that caused the discharge.	C	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year	Required if Final Incident Reason is completed. Date must be in the past, after or equal to request date minus 2 years and equal to or prior to the request date.
Did the claimant violate company policy?	Click on the "Yes" or "No" box to indicate if the claimant violated policy.	C	N/A	Click on "Yes" or "No"	Required if Discharge Reason is other than Not Qualified or Not Provided
If a company policy was violated, was the claimant made aware of the policy or unacceptable behavior that contributed to the discharge or suspension?	Click on the "Yes" or "No" box to indicate whether the claimant was aware of the policy or unacceptable behavior that contributed to the discharge.	C	N/A	Click on "Yes" or "No"	Required if "Did the claimant violate company policy?" Is answered "Yes"
If yes, how was the claimant made aware of the policy that was violated?	Click on the "Written" "Verbal" or "Both" box to indicate how the claimant was made aware of the policy or unacceptable behavior.	C	N/A	Click on "Written" "Verbal" or "Both"	Required if "Was the claimant previously informed about the company policy?" Is answered "Yes"
What is the name of the person who took the action to discharge or suspend the claimant?	Enter the name of the person who discharged the claimant.	C	60	Example: John E Doe	Required if Discharge Reason is completed
What is the title of the person?	Enter the title of the person who discharged the claimant.	C	60	Example: Vice President	Required if Discharge Reason is completed
Were there prior incidents?	Click on the "Yes" or "No" button to indicate if the claimant had any prior incidents	R	N/A	Click on the "Yes" or "No" button	



# Prior Incidents & Additional Information (Discharged)



## AZ UNEMPLOYMENT INSURANCE

FEIN: [REDACTED]  
SEIN: [REDACTED]

[Sign out](#)

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: STATEFARM, JAKE  
Request Date: 09/04/2015 Date Due: 09/21/2015 Claim Effective Date: 09/04/2015

### Prior Incidents & Additional Information

**Were there prior incidents that led to the separation of the employee?**

If **Yes**, go to **Step 1** and enter each occurrence (See **HELP** on the left side of this screen).

If **No**, go directly to **Step 3**.

**Step 1: Add Prior Incidents.**

> What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident? ?

> Please explain the prior incident of rule violation, unacceptable behavior, absenteeism or lateness? ?

> Was the claimant warned for this prior violation?  Yes  No ?

If yes, what was the date of this prior violation warning? ?

Describe the warning. If written, you may attach a file later. ?

[Reset](#)
[Save to Table](#)

Note: Any data in the above fields will be lost unless the 'Save to Table' button is selected to add to or edit the Summary Table below. 'Save to Table' before moving from this screen to save data.

**Step 2: Review/Edit Entries.**

Select	Incident Date	Incident Description	Warning Given	Warning Date	Warning Description
No Records Found.					

[View/Edit](#)
[Delete](#)

**Prior Incident Date**

Enter the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident.

Is Required?

Required

Size

10 characters: mm/dd/yyyy

Help/Example

Example: 2009/01/02

Business Rule(s)

Date must be in the past

Must be prior to Final Incident Date

Must be equal to or more recent than request date minus two years.

See Note in chart regarding Prior Incident Date

**Users Guide**

[Help with E-Response](#)

\* indicates a Required Field

> indicates a Required Field if Step 1 is filled in

Enter a Prior Incident if a Prior Incident is being reported. After answering all questions, click on Save To Table.

Add another Prior Incident if applicable. Save to Table and repeat as necessary to list all incidents or warnings.

To view or edit a Prior Incident entry in the table, click the radio button to the left of the Prior Incident and then select the View/Edit button. The information will appear in the data entry fields above and can be edited and saved.

To remove a Prior Incident from the table, click the radio button to the left

## Prior Incidents & Additional Information (Discharged) – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
-------	-------------	----------	------------	--------------	----------------


### Step 1: Add Prior Incidents


What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident?	Enter the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident.	R	10	Calendar Drop-down available for date selection Example: 01/02/2009	Date must be in the past. Must be prior to Final Incident Date. Must be equal to or more recent than the request date minus two years. ★This is a common place for mistakes. This date must be prior to the final incident date, and must be after the prior warning date.
Please explain the prior incident of rule violation, unacceptable behavior, absenteeism or lateness?	Describe the prior incident of rule violation, unacceptable behavior, absenteeism or lateness.	R	1,000	Example: The claimant was late on five separate incidents. He was warned each time.	
Was the claimant warned for this prior violation?	Click on the "Yes" or "No" box to indicate whether or not a warning was issued to the claimant based on this incident.	R	N/A	Click on "Yes" or "No" or N/A	
If yes, what was the date of the prior violation warning?	Enter the date the claimant was issued a warning based on this incident.	C	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not necessary in the month and day, and the system will accept a 2 or 4 digit year	Required if "Was the claimant warned for this prior violation" is answered "Yes". Must be more recent than or equal to Prior Incident Date and prior to the request date.
Describe the warning, if written, you may attach a file later.	Describe the warning issued to the claimant based upon this incident.	C	1,000	Example: The claimant was warned in writing.	Required if "Was the claimant warned for this prior violation" is answered "Yes".

### Step 2: Review / Edit Entries

					Note - if mistakenly opened this field - need to click the radio button(s) and click delete
--	--	--	--	--	---

## Additional Information: Discharge Reason Comments





FEIN: [REDACTED]  
SEIN: [REDACTED]

---

Response for: SSN: [REDACTED] Claim Number: Name: JONES, TEST  
 Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016

**Additional Information: Discharge Reason Comments**

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Enter all applicable information using the space provided.

Please select **SAVE** to view any newly required fields due to data input into the system since the last SAVE.

Note: Selecting the **BACK**, **NEXT** or **GO** buttons will **SAVE** the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the **CANCEL** button before selecting **BACK**, **NEXT** or **GO**.

Provide any additional information pertaining to the reason for discharge: ?

Go to Page: Additional Information: Discharge Reason Comments

## Additional Information: Discharge Reason Comments – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Provide any additional information pertaining to the reason for discharge:	Any other employer comments on the reason for discharge	C	1,000	Example: None	Required if Discharge Reason is "Not Listed Above"

## Asked to Resign

Response for: SSN [REDACTED] Claim Number: [REDACTED] Name: STATEFARM, JAKE  
Request Date: 09/04/2015 Date Due: 09/21/2015 Claim Effective Date: 09/04/2015

**Asked to Resign**

Complete the following questions if the claimant was asked to resign.

\* What is the reason the claimant was asked to resign? Select One ?

What was the final incident that caused the separation from employment? ?

What was the date of the final incident? ?

Did the claimant violate company policy? ?  
 Yes  No ?  
 If yes, was the claimant previously informed about the company policy? ?  
 Yes  No ?  
 If yes, how was the claimant made aware of the policy that was violated? ?  
 Written  Verbal  Both ?

Who asked the claimant to resign (name)? ?  
 Job title of the person who asked the claimant to resign? ?

Provide any additional information as to why the claimant was asked to resign: ?

**Reason Claimant was asked to resign Drop Down Selection List**

Select One

- Select One
- 1 = Not Qualified/Inadequate Performance
- 2 = Absenteeism/Lateness
- 3 = Failed To Follow Instructions/Policy/Co
- 4 = Drugs and Alcohol
- 5 = Dishonesty/Theft, Felony or Misdemeanor
- 6 = Medical
- 7 = Loss of License
- 8 = Other
- 99 = Not Provided

< Back Cancel Save Main Menu Next >


Go to Page Asked to Resign Go

## Asked to Resign – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What is the reason the claimant was asked to resign?	From the drop down box, select the reason the claimant was asked to resign.	R	N/A	Example: Not Qualified	Required if Employer's Separation Reason is Discharge or Asked to Resign

What was the final incident that caused the separation from employment?	Enter a statement describing the final incident that caused the discharge. Example, if claimant violated an employer's rule, explain which rule was violated.	C	1,000	Example: He was late 5 times. This is critical because his job was to open the store for all other employees.	Required if Discharge Reason is other than <i>Not Qualified</i> or <i>Not Provided</i>
What was the date of the final incident?	Enter the date the claimant violated the rule, behaved unacceptably, was absent or late, that caused the discharge.	C	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year	Required if Final Incident Reason is completed. Date must be in the past, after or equal to request date minus 2 years and equal to or prior to the request date.
Did the claimant violate company policy?	Click on the "Yes" or "No" box to indicate whether the claimant violated company policy.	C	N/A	Click on "Yes" or "No"	Required if Discharge Reason is other than Not Qualified or Not Provided
If yes, was the claimant previously informed about the company policy?	Click on the "Yes" or "No" box to indicate whether the claimant was aware of the policy or unacceptable behavior that contributed to the discharge.	C	N/A	Click on "Yes" or "No"	Required if "Did the claimant violate company policy?" Is answered "Yes"
If yes, how was the claimant made aware of the policy that was violated?	Click on the "Written" "Verbal" or "Both" box to indicate how the claimant was made aware of the policy or unacceptable behavior that contributed to the discharge.	C	N/A	Click on "Written" "Verbal" or "Both"	Required if "Was the claimant previously informed about the company policy?" Is answered "Yes"
Who asked the claimant to resign (name)?	Enter the name of the person who discharged the claimant.	C	60	Example: John E Doe	Required if Discharge Reason is completed
Job title of the person who asked the claimant to resign?	Enter the title of the person who discharged the claimant.	C	60	Example: Vice President	Required if Discharge Reason is completed
Provide any additional information as to why the claimant was asked to resign.	Any other employer comments on the reason for discharge.	C	1,000		Required if Discharge Reason is <i>Other</i>

# Prior Incidents & Additional Information (Asked to Resign)



## AZ UNEMPLOYMENT INSURANCE

FEIN: [REDACTED]  
SEIN: [REDACTED]

[Sign out](#)

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\* indicates a Required Field

> indicates a Required Field if Step 1 is filled in

Enter a Prior Incident if a Prior Incident is being reported. After answering all questions, click on Save To Table.

Add another Prior Incident if applicable, Save to Table and repeat as necessary to list all incidents or warnings.

To view or edit a Prior Incident entry in the table, click the radio button to the left of the Prior Incident and then select the View/Edit button. The information will appear in the data entry fields above and can be edited and saved.

To remove a Prior Incident from the table, click the radio button to the left of the Prior Incident and select the

Response for: SSN: [REDACTED] Claim Number: Name: STATEFARM, JAKE  
Request Date: 09/04/2015 Date Due: 09/21/2015 Claim Effective Date: 09/04/2015

### Prior Incidents & Additional Information

Were there prior incidents that led to the separation of the employee?

If **Yes**, go to **Step 1** and enter each occurrence (See HELP on the left side of this screen).

If **No**, go directly to **Step 3**.

**Step 1: Add Prior Incidents.**

> What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident? ?

> Please explain the prior incident of rule violation, unacceptable behavior, absenteeism or lateness? ?

> Was the claimant warned for this prior violation? ?

If yes, what was the date of this prior violation warning? ?

Yes  No

Describe the warning. If written, you may attach a file later. ?

[Reset](#) [Save to Table](#)

Note: Any data in the above fields will be lost unless the 'Save to Table' button is selected to add to or edit the Summary Table below. 'Save to Table' before moving from this screen to save data.

**Step 2: Review/Edit Entries.**

Summary of Prior Incidents					
Select	Incident Date	Incident Description	Warning Given	Warning Date	Warning Description
No Records Found.					

[View/Edit](#) [Delete](#)

**Step 3: Additional Information**

**Prior Incident Date**

Enter the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident.

Is Required?

Required

Size

10 characters: mm/dd/yyyy

Help/Example

Example: 2009/01/02

Business Rule(s)

Date must be in the past

Must be prior to Final Incident Date

Must be equal to or more recent than request date minus two years.

See Note in chart regarding  
Prior Incident Date

Prior Incidents & Additional Information (Asked to Resign) – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
<b>Step 1: Add Prior Incidents</b>					
What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident?	Enter the date the claimant violated a rule, behaved unacceptably; was absent or late prior to the final incident.	R	4-10		Date must be in the past. Must be prior to Final Incident Date. Must be equal to or more recent than the request date minus two years. ★ This date must be prior to the final incident date, and must be after the prior warning date.
Please explain the prior incident of rule violation, unacceptable behavior, absenteeism or lateness?	Describe the prior incident of rule violation, unacceptable behavior, absenteeism or lateness.	R	1,000	Example: The claimant was late on five separate incidents. He was warned each time.	
Was the claimant warned for this prior violation?	Click on the "Yes" or "No" box to indicate whether a warning was issued to the claimant based on this incident.	R	N/A	Click on "Yes" or "No" or N/A	
If yes, what was the date of the prior violation warning?	Enter the date the claimant was issued a warning based on this incident.	C	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year	Required if "Was the claimant warned for this prior violation" is answered "Yes". Must be more recent than or equal to Prior Incident Date and prior to the request date.
Describe the warning, if written, you may attach a file later.	Describe the warning issued to the claimant based upon this incident.	C	1,000	Example: The claimant was warned in writing.	Required if "Was the claimant warned for this prior violation" is answered "Yes".
<b>Step 2: Review / Edit Entries</b>					
					Note - if mistakenly opened this field - need to click the radio button(s) and click delete
<b>Step 3: Additional Information</b>					
Provide any additional information pertaining to the reason for discharge	Any other comments on the reason for discharge.	Conditional	1,000		Required if Discharge Reason is <i>Other</i>

# Voluntary Quit

**Reason Claimant Gave for Voluntarily Quitting Drop Down Selection List**

- 1 = No Reason Given
- 2 = To Seek or Accept Other Employment
- 3 = Due to Health Reasons
- 4 = Due to Job Dissatisfaction
- 5 = In Lieu of Discharge
- 6 = Personal Reasons
- 7 = Failure to Report for Work/Abandon
- 8 = Retirement
- 9 = Working Conditions
- 10 = Other
- 99 = Not Provided

**Changes in Claimant's Hiring Agreement Drop Down Box**

- Select One
- No Change
- Hours Changed
- Job Duties Changed
- Rate of Pay Changed
- Changed Job Location
- Not Listed Above


## Voluntary Quit – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What reason did the claimant give for voluntarily quitting?	Using the drop down box, select the reason the claimant quit, even though continuing work was available.	C	N/A	Example: Due to Health Reasons	Required if Employer Separation Reason is <i>Voluntary Quit</i>
Provide Additional Information about the reason the claimant gave for quitting	Enter the reason the claimant quit the job, even though continuing work was available.	C	2,000	Example: To start school.	Required if Voluntary Separation Reason is <i>Other</i>



Was continuing work available?	Click on the "Yes" or "No" button to indicate whether continuing work was available.	C	N/A	Click on "Yes" or "No" button	Required if Voluntary Separation Reason is completed
Were there changes in the claimant's hiring agreement that contributed to the claimant quitting this job?	Using the drop down box, select the changes in the claimant's hiring agreement that contributed to the claimant quitting this job.	C	N/A	Example: Hours Changed	Required if Voluntary Separation Reason is Working Conditions
What were the changes to the claimant's hiring agreement? If no changes were made, enter "No Changes"	Provide a brief description to explain the hiring agreement change	C	1,000	Example: The claimant was hired to work the day shift, but was changed to the night shift	Required if Hiring Agreement Changes Flag does not equal No Change
Did the claimant take actions to avoid quitting?	Click on the "Yes" or "No" button to indicate whether the claimant took actions to avoid quitting.	C	N/A	Click on "Yes" or "No" button	Required if Voluntary Separation Reason is completed
If yes, what action did the claimant take to avoid quitting?	Describe any action the claimant took to avoid quitting.	C	1,000	Example: She tried to get child care but couldn't afford it.	Required if Voluntary Separation Reason is completed and if Claimant Actions to Avoid Quit flag is "Yes"

## Voluntary Quit – In Lieu of Discharge



# AZ UNEMPLOYMENT INSURANCE

FEIN: [REDACTED]  
SEIN: [REDACTED]

[Sign out](#)

Response for: SSN [REDACTED] Claim Number: Name: ERESPONSE, MARY  
Request Date: 05/12/2016 Date Due: 05/26/2016 Claim Effective Date: 05/12/2016

### Voluntary Quit - In Lieu of Discharge

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Enter all applicable information using the space provided.

Please select **SAVE** to view any newly required fields due to data input into the system since the last SAVE.

Note: Selecting the **BACK**, **NEXT** or **GO** buttons will **SAVE** the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the **CANCEL** button before selecting **BACK**, **NEXT** or **GO**.

**Why would the claimant have been discharged if they did not voluntarily quit?** Select One ?

**What was the final incident that caused the individual to voluntary quit instead of being discharged?** ?

**What was the date of the final incident?** ?

**Did the claimant violate company policy?** ?

Yes  No

**If a company policy was violated, was the claimant made aware of the policy or unacceptable behavior that contributed to the voluntary quit in lieu of discharge?** ?

If yes, how was the claimant made aware of the policy or unacceptable behavior that contributed to the voluntary quit in lieu of discharge?

Written  Verbal  Both ?

**What is the name of the person who took the action to accept the voluntary quit in lieu of discharge?** ?

**What is the title of the person?** ?

**\* Were there prior incident(s)?** ?

Yes  No

[< Back](#)    [Cancel](#)    [Save](#)    [Main Menu](#)    [Next >](#)

Go to Page Voluntary Quit - In Lieu of Discharge [Go](#)

Reason Claimant Would Have Been Discharged Drop Down Box

Select One

- Not Qualified/Inadequate Performance
- Absenteeism/Lateness
- Failed To Follow Instructions/Policy/Cor
- Drugs and Alcohol
- Dishonesty/Theft, Felony or Misdemean
- Medical
- Failed Employment Requirements
- Not Listed Above


<    >

## Voluntary Quit – In Lieu of Discharge – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Why would the claimant have been discharged if they did not voluntarily quit?	From the drop-down box select the discharge reason code.	C	N/A	Example: Drugs and Alcohol	Required if Employer Separation Reason Code is Discharged or Asked to Resign or Voluntary Separation Reason Code is In Lieu of Discharge.

What was the final incident that caused the individual to voluntarily quit instead of being discharged?	Enter a statement to describe the final incident that caused the discharge. Example, if claimant violated an employer's rule, explain which rule was violated	C	1,000	Example: He was late 5 times. This is critical because his job was to open the store for all other employees.	Required if Discharge Reason is other than Not Qualified
What was the date of the final incident?	Enter the date the claimant violated a rule; behaved unacceptably; was absent or late; that caused the discharge.	C	4 to 10	Dates must have the month, the day, and the year - in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not necessary in the month and day, and the system will accept a 2 digit or 4 digit year.	Required if Final Incident Reason is completed. Date must be in the past, equal to or after the Request Date minus 7 years, and equal to or prior to the request date.
Did the claimant violate company policy?	Click on the "Yes" or "No" box to indicate if the claimant violated policy.	C	N/A	Click on "Yes" or "No"	Required if Discharge Reason is other than Not Qualified or Not Provided
If a company policy was violated, was the claimant made aware of the policy or unacceptable behavior that contributed to the discharge or suspension?	Click on the "Yes" or "No" box to indicate whether the claimant was aware of the policy or unacceptable behavior that contributed to the discharge.	C	N/A	Click on "Yes" or "No"	Required if "Did the claimant violate company policy?" Is answered "Yes"
If yes, how was the claimant made aware of the policy that was violated?	Click on the "Written" "Verbal" or "Both" box to indicate how the claimant was made aware of the policy or unacceptable behavior.	C	N/A	Click on "Written" "Verbal" or "Both"	Required if "Was the claimant previously informed about the company policy?" Is answered "Yes"
What is the name of the person who took the action to discharge or suspend the claimant?	Enter the name of the person who discharged the claimant.	C	60	Example: John E Doe	Required if Discharge Reason is completed
What is the title of the person?	Enter the title of the person who discharged the claimant.	C	60	Example: Vice President	Required if Discharge Reason is completed
Were there prior incidents?	Click on the "Yes" or "No" button to indicate whether the claimant had any prior incidents	R	N/A	Click on the "Yes" or "No" button	

# Prior Incidents & Additional Information (Quit in Lieu of Discharge)



## AZ UNEMPLOYMENT INSURANCE

FEIN: [REDACTED]  
SEIN: [REDACTED]

[Sign out](#)

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: STATEFARM, JAKE  
 Request Date: 09/04/2015 Date Due: 09/21/2015 Claim Effective Date: 09/04/2015

### Prior Incidents & Additional Information

**Were there prior incidents that led to the separation of the employee?**

If **Yes**, go to **Step 1** and enter each occurrence (See **HELP** on the left side of this screen).

If **No**, go directly to **Step 3**.

**Step 1: Add Prior Incidents.**

> What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident? ?

> Please explain the prior incident of rule violation, unacceptable behavior, absenteeism or lateness?

> Was the claimant warned for this prior violation?  Yes  No

If yes, what was the date of this prior violation warning? ?

Describe the warning. If written, you may attach a file later. ?

Reset Save to Table

Note: Any data in the above fields will be lost unless the 'Save to Table' button is selected to add to or edit the Summary Table below. 'Save to Table' before moving from this screen to save data.

**Step 2: Review/Edit Entries.**

Summary of Prior Incidents					
Select	Incident Date	Incident Description	Warning Given	Warning Date	Warning Description
No Records Found.					

View/Edit Delete

**Users Guide**

[Help with E-Response](#)

\* indicates a Required Field

> indicates a Required Field if Step 1 is filled in

Enter a Prior Incident if a Prior Incident is being reported. After answering all questions, click on Save To Table.

Add another Prior Incident if applicable. Save to Table and repeat as necessary to list all incidents or warnings.

To view or edit a Prior Incident entry in the table, click the radio button to the left of the Prior Incident and then select the View/Edit button. The information will appear in the data entry fields above and can be edited and saved.

To remove a Prior Incident from the table, click the radio button to the left

**Prior Incident Date**

Enter the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident.

**Is Required?**

Required

Size

10 characters: mm/dd/yyyy

Help/Example

Example: 2009/01/02

Business Rule(s)

Date must be in the past

Must be prior to Final Incident Date

Must be equal to or more recent than request date minus two years.

See Note in chart regarding Prior Incident Date

## Prior Incidents & Additional Information (Quit in Lieu of Discharge) – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
-------	-------------	----------	------------	--------------	----------------


### Step 1: Add Prior Incidents

What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident?	Enter the date the claimant violated a rule, behaved unacceptably; was absent or late prior to the final incident.	R	10	Calendar Drop-down available for date selection Example: 01/02/2009	Date must be in the past. Must be prior to Final Incident Date. Must be equal to or more recent than the request date minus two years. ★ This date must be prior to the final incident date, and must be after the prior warning date.
Please explain the prior incident of rule violation, unacceptable behavior, absenteeism or lateness?	Describe the prior incident of rule violation, unacceptable behavior, absenteeism or lateness.	R	1,000	Example: The claimant was late on five separate incidents. He was warned each time.	
Was the claimant warned for this prior violation?	Click on the "Yes" or "No" box to indicate whether or not a warning was issued to the claimant based on this incident.	R	N/A	Click on "Yes" or "No" or N/A	
If yes, what was the date of the prior violation warning?	Enter the date the claimant was issued a warning based on this incident.	C	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not necessary in the month and day, and the system will accept a 2 or 4 digit year	Required if "Was the claimant warned for this prior violation" is answered "Yes". Must be more recent than or equal to Prior Incident Date and prior to the request date.
Describe the warning, if written, you may attach a file later.	Describe the warning issued to the claimant based upon this incident.	C	1,000	Example: The claimant was warned in writing.	Required if "Was the claimant warned for this prior violation" is answered "Yes".

### Step 2: Review / Edit Entries

					Note - if mistakenly opened this field - need to click the radio button(s) and click delete
--	--	--	--	--	---

## Compensation after Separation



# AZ UNEMPLOYMENT INSURANCE

FEIN: [REDACTED]  
SEIN: [REDACTED]

[Sign out](#)

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: E-SIDES, TESTI  
Request Date: 03/30/2016 Date Due: 04/13/2016 Claim Effective Date: 03/29/2016

### Compensation After Separation - Vacation Pay

[Users Guide](#)

[Help with E-Response](#)

**\*** Indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

Please select **SAVE** to view any newly required fields due to data input into the system since the last SAVE.

Note: Selecting the **BACK**, **NEXT** or **GO** buttons will **SAVE** the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the **CANCEL** button before selecting **BACK**, **NEXT** or **GO**.

**Vacation Pay**

- \*** Was the vacation pay allocated to a specific period of time?  Yes  No ?

If Yes - What is the beginning date for the vacation pay allocation?  ?

- What is the ending date for the vacation pay allocation?  ?
- \*** What is the frequency of the claimant's vacation pay after separation?  ?
- \*** What is the amount of the vacation pay per period?  ?
- \*** What date will or was the vacation pay paid?  ?

< Back
Cancel
Save
Main Menu
Next >

Go to Page

Note - although Vacation Pay is specifically shown here - all separation pay questions are exactly the same, only changing out the type of pay (instead of vacation pay, it would say holiday pay, for example)

The only one that is different is Pension - which is separated out in the screen shot below


**Frequency of Claimant's pay Drop Down Selection List**


- Select One
- D = Daily
- W = Weekly
- B = Bi-weekly
- S = Semi-monthly
- M = Monthly
- Q = Quarterly
- L = Lump Sum

## Compensation after Separation - Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Was the vacation pay allocated to a specific period of time?	Click on the "Yes" or "No" button to indicate whether or not the employer allocated the remuneration	R for each type	N/A	Click on "Yes" or "No" button	

If yes, what is the beginning date for the vacation pay allocation?	Enter the beginning date of the remuneration allocation	C	See Help	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year Example: 1/2/2009	Must be more recent than or equal to Employer Reported Last Day Work and not more than Request Date plus 1 year in the future. If Employer Reported Last Day of Work is blank, must be more recent than or equal to Claim Effective Date minus 1 year and not more than Request Date plus 1 year in the future
If yes, what is the ending date for the vacation pay allocation?	Enter the ending date of the remuneration allocation	C	See Help	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year Example: 1/2/2009	Must be more recent than or equal to Allocation Begin Date and not more than Allocation Begin Date plus three years. If Allocation Begin Date is not present then Allocation End Date must not be present.
What is the frequency of the claimant's vacation pay after separation?	From the drop-down box, select the response that describes the frequency of the claimant's remuneration	R for each type	N/A	Example: Monthly	
What is the amount of vacation pay per period?	Enter the amount of the remuneration the claimant received each period	R for each type	See Help	Numbers only with two decimal places Example: 1000.50 (for \$1,000.50)	Value is greater than or equal to \$0.01
What date will or was the vacation pay paid?	Enter the date the remuneration was or will be issued	R for each type	See Help	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year Example: 1/2/2009	Must be between the Claim Effective Date minus 2 years and the Request Date plus 5 years





FEIN: [REDACTED]  
SEIN: [REDACTED]
Sign out

---

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Note: Selecting the BACK, NEXT or GO buttons will SAVE the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the CANCEL button before selecting BACK, NEXT or GO.

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: JONES, TEST  
Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016

### Pension

**Pension Information**

- \* Was the compensation allocated to a specific period of time?  Yes  No ?
  - If Yes - What is the beginning date for the compensation allocation?  ?
  - What is the ending date for the compensation allocation?  ?
- \* What is the frequency of the claimant's compensation after separation?  ?
- \* What is the amount of the compensation per period?  ?
- \* What date will or was the compensation paid?  ?

**If the claimant is drawing a company pension:**

- \* Was starting the company pension mandatory?  Yes  No ?
- \* Did the claimant contribute to the pension?  Yes  No ?
  - If yes, what was the percentage contributed by the claimant?  ?

Provide any additional information about the claimant's pension: ?

< Back
Cancel
Save
Main Menu
Next >

Go to Page

Pension – Data Elements


Field	Description	Required	Field Size	Help/Example	Business Rules
Was the vacation pay allocated to a specific period of time?	Click on the "Yes" or "No" button to indicate whether or not the employer allocated the remuneration	R for each type	N/A	Click on "Yes" or "No" button	




If yes, what is the beginning date for the vacation pay allocation?	Enter the beginning date of the remuneration allocation	C	See Help	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year Example: 1/2/2009	Must be more recent than or equal to Employer Reported Last Day Work and not more than Request Date plus 1 year in the future. If Employer Reported Last Day of Work is blank, must be more recent than or equal to Claim Effective Date minus 1 year and not more than Request Date plus 1 year in the future
If yes, what is the ending date for the vacation pay allocation?	Enter the ending date of the remuneration allocation	C	See Help	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year Example: 1/2/2009	Must be more recent than or equal to Allocation Begin Date and not more than Allocation Begin Date plus three years. If Allocation Begin Date is not present then Allocation End Date must not be present.
What is the frequency of the claimant's vacation pay after separation?	From the drop-down box, select the response that describes the frequency of the claimant's remuneration	R for each type	N/A	Example: Monthly	
What is the amount of vacation pay per period?	Enter the amount of the remuneration the claimant received each period	R for each type	See Help	Numbers only with two decimal places Example: 1000.50 (for \$1,000.50)	Value is greater than or equal to \$0.01
What date will or was the vacation pay paid?	Enter the date the remuneration was or will be issued	R for each type	See Help	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not needed in the month and day, and the system will accept a 2 or 4 digit year Example: 1/2/2009	Must be between the Claim Effective Date minus 2 years and the Request Date plus 5 years
<b>If the claimant is drawing a company pension</b>					
Was starting the company pension mandatory?	Click on the "Yes" or "No" button to indicate whether the pension was mandatory	C	N/A	Click on "Yes" or "No" button	Required if any entry for Compensation after Separation Remuneration type is Pension
Did the claimant contribute to the pension?	Click on the "Yes" or "No" button to indicate whether the claimant contributed to the pension	C	N/A	Click on "Yes" or "No" button	Required if any entry for Compensation after Separation Remuneration type is Pension

If yes, what was the percentage contributed by the claimant?	Enter the percentage of the pension contributed by the claimant. Do not use % sign or decimal point	C	See Help	Full percentages, no decimals allowed. Example: 100 for 100% or 25 for 25%	Required if Claimant Pension Contribution flag is "Yes"
Provide any additional information about the claimant's pension	Enter a statement on the claimant's pension	O	1,000	Example: The claimant will also be collecting Social Security Benefits	

## Compensation after Separation Summary





FEIN: [REDACTED]  
 SEIN: [REDACTED]
 Sign out

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: JONES, TEST  
 Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016  
**Compensation After Separation Summary**

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Enter all applicable information using the space provided.

Please select **SAVE** to view any newly required fields due to data input into the system since the last SAVE.

Note: Selecting the **BACK**, **NEXT** or **GO** buttons will **SAVE** the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the **CANCEL** button before selecting **BACK**, **NEXT** or **GO**.

Review/Edit Entries.

Summary of Compensation after Separation						
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	
					Begin Date	End Date
<input type="radio"/>	Pension					

Edit
Delete

< Back
Main Menu
Next >

Go to Page Compensation After Separation Summary Go

## Compensation after Separation Summary – Notes

Table shows what was entered for compensation after separation. If any errors - and one needs to be removed, click radio button in "select" column and choose delete. If need to edit, click radio button in "select" column and choose edit.



Response for: SSN [Redacted] Claim Number: Name: JONES, TEST  
Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016

**Attachments**

Do you have any attachments (up to 10 documents) which support your statement regarding the Reason for Separation?

Acceptable file formats are: csv, pdf, rtf, tiff (tif), txt.

If Yes, go to Step 1 and enter each attachment separately (See HELP on the left side of this screen).

If No, go to the NEXT page.

**WARNING** - The total size of all attachments is limited to a maximum of 5 megabytes. Scanned PDFs have the possibility of being very large but by decreasing the dpi size, scanning it in as PDF text or removing some of the extended features of a PDF the size can be greatly reduced. Another option would be to scan it in as a TIFF (TIF) document instead of a PDF.

Step 1: Add Attachments.

> Attachment File Name (See **WARNING** above):  Browse... ?

> Describe the document being attached (e.g. Warning Documents, Notice of Separation) - *Description is required to submit your response:*  ?

Note: Any data in the above fields will be lost unless the 'Save to Table' button is selected to add to or edit the Summary Table below. 'Save to Table' before moving from this screen to save data.

Step 2: Review/Edit Entries.

Response Attachments				
Select	Document Description	Document Type	Size (bytes)	Attachment
No Records Found.				

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

> indicates a Required Field if Step 1 is filled in

If an attachment to the separation request reply is in Microsoft Word format, choose **Save As** from the Microsoft Word menu and convert it to RTF (Rich Text Format) or TXT (text) format. If the attachment is in Excel format, choose **Save As** and convert it to CSV (comma delimited) format.

Enter Attachment Information then click on the Save To Table button. Entry will move to Table and clear the data fields.

Add additional attachment information. Repeat as needed.

To view or edit an Attachment in the table, click the radio button to the left of the Attachment and then click on the View/Edit button. The information will appear in the data entry section above and may be edited. Then, Save to Table.

To remove an Attachment from the

## Attachments – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Attachment File Name (see <b>WARNING</b> above):	Provide the name of the file. Click "Browse" to select file to be attached	R for each	N/A	Example: Medical_form.rtf	See Instruction at top of page
Describe the document being attached (e.g. Warning Documents, Notice of Separation) - Description is required to submit your response:	Description of the type of document attached	R for each	40	Example: Medical Form	

## Submission

The screenshot displays the 'AZ UNEMPLOYMENT INSURANCE' submission interface. At the top left is the 'SIDES E-Response' logo. The header includes fields for 'FEIN:' and 'SEIN:' with redacted values, and a 'Sign out' button. Below the header, the user's response details are shown: 'Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: JONES, TEST', 'Request Date: 03/29/2016', 'Date Due: 04/12/2016', and 'Claim Effective Date: 03/29/2016'. The main heading is 'Submission', with a 'View/Print' link. A red arrow points from a callout box to this link. Below the heading, a message states 'Please correct the following errors:' followed by a list of error messages in red text, such as 'Preparer Information - Preparer Company Name is required' and 'Employment Information - Claimant's Last Day of Work must be provided'. A second callout box with a bracket points to this list. At the bottom, there are three buttons: '< Back', 'Main Menu', and 'Submit to State'. A left sidebar contains links for 'Users Guide' and 'Help with E-Response', along with instructions on how to submit and correct errors.

Users Guide

Help with E-Response

Please view your Notice of UI Claim, Wages Reported and Possible Charges Response. If correct, click on the Submit button to send the Notice of UI Claim, Wages Reported and Possible Charges to the State Unemployment Insurance office. You will receive a confirmation number on successful submission.

If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend.

Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: JONES, TEST  
Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016

Submission

[View/Print](#)

Please correct the following errors:

- [Preparer Information - Preparer Company Name is required](#)
- [Preparer Information - Preparer Contact Name is required](#)
- [Preparer Information - Preparer Title is required](#)
- [Preparer Information - Preparer Phone is required](#)
- [Preparer Information - Preparer Email is required](#)
- [Employment Information - Claimant's Last Day of Work must be provided](#)
- [Employment Information - Average Weekly Wage is required](#)
- [Employment Information - Average Hours Worked Weekly is required](#)
- [Compensation After Separation - Pension - Remuneration Allocation Flag is required](#)
- [Compensation After Separation - Pension - Remuneration Frequency Period is required](#)
- [Compensation After Separation - Pension - Remuneration Amount In Period is required](#)
- [Compensation After Separation - Pension - Date Remuneration Issued is required](#)
- [Compensation After Separation - Pension - Mandatory Pension Flag is required](#)
- [Compensation After Separation - Pension - Claimant Pension Contribution Flag is required](#)
- [Discharge or Disciplinary Suspension - Discharge Reason is required](#)

< Back Main Menu Submit to State

You can click view/print here to get a pdf version of what you've completed thus far.

Employers must check Yes/No for each type of compensation - they will receive an error message at the end if neither box is checked

## Submission Notes

This screen shows any errors. Note - it may benefit user to take a screen shot of this, if possible, so they can make the corrections.

The first portion (prior to the hyphen - ) is the page / section where the error occurred. When you click the <Back button, you then have the option in the drop down, at the bottom of the page, to navigate to any of these pages and make the correction. (See Below)

## Navigation to Correct Errors

The screenshot displays the AZ UNEMPLOYMENT INSURANCE portal interface. At the top left is the SIDES E-Response logo. The main header features the text 'AZ UNEMPLOYMENT INSURANCE' with FEIN and SEIN input fields and a 'Sign out' button. Below the header, user information is shown: 'Response for: SSN: [redacted] Claim Number: [redacted] Name: JONES, TEST Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016'. The current page is titled 'Additional Separation Information'. A text area prompts the user to 'Please enter any additional information regarding this separation. Enter "None" if there is no other information to be added.' Below this are buttons for '< Back', 'Cancel', 'Save', 'Main Menu', and 'Next >'. A 'Go to Page' dropdown menu is open, listing various navigation options. Two red arrows are drawn: arrow '1' points from the 'Go to Page' dropdown to the 'Go' button, and arrow '2' points from the 'Next >' button to the 'Go' button. The footer contains copyright information and the version number '8.0'.

Users Guide  
Help with E-Response  
\* indicates a Required Field

Note: Selecting the BACK, NEXT or GO buttons will SAVE the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the CANCEL button before selecting BACK, NEXT or GO.

Response for: SSN: [redacted] Claim Number: [redacted] Name: JONES, TEST  
Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016

Additional Separation Information

Please enter any additional information regarding this separation. Enter "None" if there is no other information to be added.

< Back Cancel Save Main Menu Next >

Go to Page

- Additional Separation Information
- Claimant and Employer Identification
- Preparer Information
- Employment Information
- Wages Earned/Hours Worked
- Additional Separation Information
- Pension
- Compensation After Separation Summary
- Discharge or Disciplinary Suspension
- Prior Incidents & Additional Information
- Additional Information: Discharge Reason Comments
- Attachments
- Additional Separation Information
- Submission

Go

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8.0

The user can select any page header and "jump" directly to that page. They just click the drop-down menu to display the page options, click on the page to which they would like to navigate, and click the Go button.

## Time Out Warning

SIDES E-Response

**AZ UNEMPLOYMENT INSURANCE**

FEIN: [redacted]  
SEIN: [redacted]

Sign out

Users Guide  
Help with E-Response

Response for: SSN [redacted] Claim Number: [redacted] Name: ERESPONSE, MARY  
Request Date: 05/12/2016 Date Due: 05/26/2016 Claim Effective Date: 05/12/2016

**Time Out**

You will be logged out in 114 seconds. Your data has been saved and if you do not wish to be logged out click the continue button.

Continue

This provides a warning if the page has been inactive for a while. It provides the number of seconds until the user will be logged out. The data has been saved - so if the user is logged out, they can log back in and continue from where they left off. If they don't want to be logged out, they must click the Continue button.