

UI SIDES

State Information
Data Exchange System

**SIDES E-Response Screen Shots – Separation
Information**

State Information Data Exchange System (SIDES)

8 December 2014

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1 Select E-Response Website

The screenshot shows the SIDES E-Response website. The header features the SIDES E-Response logo on the left and the UI SIDES State Information Data Exchange System logo on the right. The main content area is titled "Welcome to the E-Response Website for the Unemployment Insurance State Information Data Exchange System". Below the title, it prompts the user to "Please select the application you want to use:" and lists four options under the heading "Notice of UI Claim Filing": "Separation Information", "Wages Reported and Possible Charges", "Determinations and Decisions", and "Earnings Verification". A "Select" button is positioned below the "Earnings Verification" option. The footer contains the copyright notice: "Copyright © 2008 - 2014, National Association of State Workforce Agencies. All Rights Reserved."

SIDES
E-Response

UI SIDES
State Information
Data Exchange System

**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**

Select

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2 Login Page

SIDES
E-Response

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Data Exchange System

* indicates a Required Field

[Users Guide](#)

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

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: ?

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3 Separation Information Requests Page

3.1 First Time Requests Page

FEIN: 999999999SEIN: 123456788Sign out

Search by SSN: (Omit Dashes)

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 30 days.

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Separation Information Requests

Separation Information Requests for PIN:



SSN: 000-98-9494 Name: WHELOCK, PHILIPPE M Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Not Started <input type="button" value="Create Response"/>	 View/Print	
SSN: 007-79-8253 Name: RONQUILLO, OSMIN Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Not Started <input type="button" value="Create Response"/>	 View/Print	
SSN: 561-24-7802 Name: JOHANSON, ALLEN Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Not Started <input type="button" value="Create Response"/>	 View/Print	
SSN: 001-29-3253 Name: BRUNTZ, AMANDA Date Due: 11:59 PM Eastern on 01/14/2012	Response Status: Not Started <input type="button" value="Create Response"/>	 View/Print	

No separation requests found for other PINs.

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3.2 Different Request/Response States

FEIN: 999999999
SEIN: 123456788Sign out

Search by SSN: (Omit Dashes)

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 30 days.

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Announcement: Welcome to UI SIDES E-Response.

Separation Information Requests

Separation Information Requests for PIN:

SSN: 000-98-9494 Name: WHEELLOCK, PHILIPPE M Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: In Progress <input type="button" value="Edit Response"/> <input type="button" value="Delete Response"/>	 View/Print	
SSN: 007-79-8253 Name: RONQUILLO, OSMIN Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Submitted <input type="button" value="Create Amendment"/>	 View/Print  View/Print - Submitted 03/06/2012	
SSN: 561-24-7802 Name: JOHANSON, ALLEN Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Not Started <input type="button" value="Create Response"/>	 View/Print	
SSN: 001-29-3253 Name: BRUNTZ, AMANDA Date Due: 11:59 PM Eastern on 01/14/2012	Response Status: Not Started <input type="button" value="Create Response"/>	 View/Print	

No separation requests found for other PINs.

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3.2.1 Deleting an In Progress Response

SIDES *E-Response* dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Delete an In Progress Response

Use this screen to delete a response that has NOT yet been submitted.

[Users Guide](#)

You have chosen to delete the Separation Response for:

SSN: 000-98-9494
Name: WHEELLOCK, PHILIPPE M
Date Due: 12/24/2011



Please Note: This will NOT impact any responses already submitted to the State Unemployment Insurance Office.

Cancel Delete

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3.3 Search page

FEIN: 999991000
SEIN: 123456789Sign out

Search by SSN: (Omit Dashes)

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.

Note: Requests remain on the SIDES E-Response Website for 30 days.

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Search Results

Separation Information Request Results for PIN and SSN 989494



SSN: 000-98-9494	Response Status: In Progress	 View/Print
Name: WHEELLOCK, PHILIPPE M	<input type="button" value="Edit Response"/>	
Date Due: 12/24/2011	<input type="button" value="Delete Response"/>	

No Search Results found for other PINs.

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2.1

4 Claimant and Employer Identification



FEIN: 999991000
SEIN: 123456789

Sign out

*** indicates a Required Field**

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Claimant and Employer Identification

Requesting State

State: **NJ**
Agency: **E ORANGE**
Phone: **6095559055**
Fax: **6095559014**

Claimant Provided Information

SSN: **000-98-9494**
Name: **WHEELLOCK, PHILIPPE M**
Other Last Name Used:
State Claim Number: **65070**

Employer Information

	Information of Record	Employer Information (if different)
Employer Name:	ELDORA ENTERPRISES LTD LIABILITY CO	<input type="text"/> ?
State Employer Identification Number:	342424001	<input type="text"/> ?
Federal Employer Identification Number:	841173055	<input type="text"/> ?

Check here if claimant did NOT work for this employer ?

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



Preparer Information

	Enter Information
* Who is providing this response?	<input type="checkbox"/> Employer <input type="checkbox"/> TPA ?
If the preparer is a TPA, what is the TPA company name?	<input type="text"/> ?
* Name of the person preparing this response?	<input type="text"/> ?
* Job title of the person preparing this response?	<input type="text"/> ?
* Preparer's telephone number plus extension? (Only digits, omit parenthesis, dashes or spaces)	<input type="text"/> ?
Preparer's e-mail address?	<input type="text"/> ?
Preparer's Fax number? (Only digits, omit parenthesis, dashes or spaces)	<input type="text"/> ?

Cancel Save Main Menu Next >

Go to Page Go

4.1 Path 20/21



FEIN: 999991000
SEIN: 123456789

[Sign out](#)

* indicates a Required Field

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Claimant and Employer Identification

Save completed successfully.

Requesting State

State:	NJ
Agency:	E ORANGE
Phone:	6095559055
Fax:	6095559014

Claimant Provided Information

SSN:	000-98-9494
Name:	WHEELLOCK, PHILIPPE M
Other Last Name Used:	
State Claim Number:	65070

Employer Information

	Information of Record	Employer Information (if different)
Employer Name:	ELDORA ENTERPRISES LTD LIABILITY CO	<input style="width: 90%;" type="text"/>
State Employer Identification Number:	342424001	<input style="width: 90%;" type="text"/>
Federal Employer Identification Number:	841173055	<input style="width: 90%;" type="text"/>

Check here if claimant did NOT work for this employer
 Check here if TPA receiving this request does NOT represent this employer

Preparer Information

<p>* Who is providing this response?</p> <p style="margin-left: 20px;">* If the preparer is a TPA, what is the TPA company name?</p> <p>* Name of the person preparing this response?</p> <p>* Job title of the person preparing this response?</p> <p>* Preparer's telephone number plus extension? (Only digits, omit parenthesis, dashes or spaces)</p> <p>Preparer's e-mail address?</p> <p>Preparer's Fax number? (Only digits, omit parenthesis, dashes or spaces)</p>	<div style="text-align: right; font-size: small; margin-bottom: 5px;">Enter Information</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Employer<input checked="" type="checkbox"/> TPA</div> <div style="margin-top: 5px;"><input style="width: 90%;" type="text"/></div> <div style="margin-top: 5px;"><input style="width: 90%;" type="text"/></div> <div style="margin-top: 5px;"><input style="width: 90%;" type="text"/></div> <div style="margin-top: 5px;"><input style="width: 90%;" type="text"/></div> <div style="margin-top: 5px;"><input style="width: 90%;" type="text"/></div> <div style="margin-top: 5px;"><input style="width: 90%;" type="text"/></div>
--	---

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

Go to Page Claimant and Employer Identification [Go](#)

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4.1.1 Warning on selection of Path 20/21 if not previously selected

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Employer Status Change

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

Cancel Continue

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4.1.2 Additional Information

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FEIN: 999991000
SEIN: 123456789

Sign out

* indicates a Required Field

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Additional Information

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

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< Back Cancel Save Main Menu Next >

Go to Page: Go

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5 Common Pages (not including Path 20/21)

5.1 Additional Claimant Information Request

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Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Additional Claimant Information Request

	Information of Record	Additional Information
Did the claimant work under any other Social Security Number (SSN)? (Omit dashes)	000-98-9494	<input type="text"/> ?
Claimant Name used to file claim:	WHEELLOCK, PHILIPPE M	
Other Last Name Used:		<input type="text"/> ?
State Claim Number:	65070	
Benefit Year Beginning Date:	09/28/2011	
Type of Claim:	New Initial Claim	

Informational only Attachments:

Document Name	Document Extension	Size	
ExampleDocument1.rtf	RTF	3923	Download
ExampleDocument2.pdf	PDF	60040	Download
ExampleDocument3.txt	TXT	25	Download
ExampleDocument4.tif	TIFF	633832	Download
ExampleDocument5.csv	CSV	824	Download

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< Back Cancel Save Main Menu Next >


Go to Page Go

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5.2 Employment Information

SIDES
E-ResponseFEIN: 999999999
SEIN: 999999999

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

Sign out

Response for: SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S
Request Date: 12/15/2014 Date Due: 12/28/2014 Claim Effective Date: 12/17/2012

Employment Information

[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**.

Claimant's Job Title:	EVP	<input type="text"/>	?
Was this seasonal employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		?
First day of work:	<input type="text"/>		?
Last day of work:	<input type="text"/>		?
If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation?			
What was the claimant's average weekly wage?	<input type="text"/>		?
What was the average number of hours the claimant worked per week?	<input type="text"/>		?
* Are Total Earned Wages available for 06/18/2013 thru 06/25/2013?	Select One		?
If yes, what were the total amount of wages earned by the claimant between 06/18/2013 thru 06/25/2013?			
Are Total Weeks Worked available for 06/18/2013 thru 06/25/2013?	Select One		?
If yes, what was the total number of weeks the claimant worked between 06/18/2013 thru 06/25/2013?			
What were the total wages earned by the claimant after 12/17/2012:	<input type="text"/>		?
What were the total hours worked by the claimant after 12/17/2012:	<input type="text"/>		?

< Back Cancel Save Main Menu Next >

Go to Page Go

6 Reason for Separation

SIDES
E-Response

dew SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Reason for Separation

Claimant Provided Reason for Separation: Temporary Layoff

* **Employer's Reason for Claimant's Separation:** ?

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

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 N/A ?

If no, why isn't the claimant working all available hours? ?

< Back Cancel Save Main Menu Next >

Go to Page Reason for Separation Go

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6.1 Change Reason for Separation

SIDES
E-Response

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DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

Change Reason For Separation

You have chosen to change the Reason for Separation selected. The Reason for Separation determines the follow-on questions asked. Responses to questions pertaining to the Reason for Separation being changed will be deleted.

Do you want to continue?

Warning: If you change the reason for separation previously entered for this claimant all of the information you entered pertaining to the original reason for separation will be deleted. However, all general information entered on screens that precede the Reason for Separation screen shall remain.

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6.1

7 Path Pages

7.1 Separation Reason Code 1, 2, 4, 7, 8, 12, 13, 16, 17 and 19 Path

7.1.1 Reason for Separation

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Reason for Separation

Save completed successfully.

Claimant Provided Reason for Separation: Voluntary Quit/Separation

*Employer's Reason for Claimant's Separation: 1 = Temporary Layoff

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

* 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? 10/19/2013

If the claimant is still doing some work, is the claimant working all available hours? Yes No N/A

If no, why isn't the claimant working all available hours?

< Back Cancel Save Main Menu Next >

Go to Page Reason for Separation Go

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7.1.2 Additional Separation Information

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DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

* indicates a Required Field

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Additional Separation Information

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

None

Required if employer separation reason code = 4, 7, 8, 12, 13, 16, 17, and 19

Not required for employer separation reason codes 1 and 2



< Back Cancel Save Main Menu Next >

Go to Page: Additional Separation Information Go

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7.1.3 Compensation After Separation

FEIN: 999991000
 SEIN: 123456789

[Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Compensation After Separation

***** indicates a Required Field

> indicates a Required Field if Step 1 is filled in

Enter a Compensation type.

After answering all questions, click on Save To Table. Then you may enter another compensation type. Continue until all compensation after separation has been reported.

To view or edit a Compensation After Separation entry in the table, click the radio button to the left of the Compensation Type and then select the View/Edit button. The data will appear in the section above and can be edited and saved.

To remove a Compensation After Separation type from the table, click the radio button to the left of the Compensation type and select the Delete button.

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.

[Users Guide](#)

Will the Claimant receive any of the following compensation after the last day of work?
 Severance, Separation Pay, Vacation, Holiday, Pension, Profit Sharing, Bonus Pay, Wages in Lieu of Notice, Back Pay, Residual Pay, Commissions, Sick, Disability or other payments

If Yes, go to Step 1 and answer the questions.
List each type of compensation separately (See HELP on the left side of this screen).

If No, go directly to Step 3.

Step 1: Add Compensation After Separation (enter each payment separately).

> What type of compensation did or will the claimant receive after the last day of work? ?

> 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? ?

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 Compensation after Separation							
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	Begin Date	End Date
No Records Found.							

Step 3: Answer the following questions if the claimant is receiving a company pension:

Was the claimant's retirement mandatory? Yes No ?

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:

Go to Page

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7.1.3.1 Compensation After Separation – Review/Edit Entries with entry

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E-Response
SIGN OUT


FEIN: 999991000
SEIN: 123456789

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Compensation After Separation

Will the Claimant receive any of the following compensation after the last day of work?
 Severance, Separation Pay, Vacation, Holiday, Pension, Profit Sharing, Bonus Pay, Wages in Lieu of Notice, Back Pay, Residual Pay, Commissions, Sick, Disability or other payments

If Yes, go to Step 1 and answer the questions.
 List each type of compensation separately (See HELP on the left side of this screen).

If No, go directly to Step 3.

Step 1: Add Compensation After Separation (enter each payment separately).

> What type of compensation did or will the claimant receive after the last day of work? ?

> 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? ?

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 Compensation after Separation							
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	Begin Date	End Date
<input type="radio"/>	1 = Severance	1250	L - Lump Sum	02/29/2012	No		

Step 3: Answer the following questions if the claimant is receiving a company pension:

Was the claimant's retirement mandatory? Yes No ?

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: ?

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7.1.4 Attachments



FEIN: 999991000
SEIN: 123456789

[Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

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, 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**.

Step 1: Add Attachments.

> Attachment File Name: [Browse...](#) ?

> Describe the document being attached (e.g. Warning Documents, Notice of Separation): ?

[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	Document Description	Document Type	Size (bytes)	Attachment
No Records Found.				

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

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7.2 Separation Reason Codes 3 and 15 Path

7.2.1 Reason for Separation

SIDES E-Response **dew** **SOUTH CAROLINA** DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 [Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Reason for Separation

Claimant Provided Reason for Separation: Temporary Layoff

* **Employer's Reason for Claimant's Separation:** 3 = Fired/Discharged ?

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

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? 2/28/2012 ?

If the claimant is still doing some work, is the claimant working all available hours? Yes No N/A ?

If no, why isn't the claimant working all available hours? ?

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Go to Page Reason for Separation Go

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7.2.2 Additional Separation Information

SIDES *E-Response* **dew** **SOUTH CAROLINA**
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

* indicates a Required Field

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Additional Separation Information

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

None

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Go to Page: Go

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7.2.3 Compensation After Separation

FEIN: 999991000
 SEIN: 123456789

[Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Compensation After Separation

Will the Claimant receive any of the following compensation after the last day of work?
 Severance, Separation Pay, Vacation, Holiday, Pension, Profit Sharing, Bonus Pay, Wages in Lieu of Notice, Back Pay, Residual Pay, Commissions, Sick, Disability or other payments

If Yes, go to Step 1 and answer the questions.
 List each type of compensation separately (See HELP on the left side of this screen).

If No, go directly to Step 3.

Step 1: Add Compensation After Separation (enter each payment separately).

> What type of compensation did or will the claimant receive after the last day of work? ?

> 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? ?

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 Compensation after Separation							
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	Begin Date	End Date
No Records Found.							

Step 3: Answer the following questions if the claimant is receiving a company pension:

Was the claimant's retirement mandatory? Yes No ?

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: ?

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7.2.4 Discharge or Disciplinary Suspension

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Discharge or Disciplinary Suspension

* 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**.

[Users Guide](#)

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

* 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?
 W - Written V - Verbal ?

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

* What is the title of the person?
 ?

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7.2.4.1 Discharge or Disciplinary Suspension – Code 99

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Discharge or Disciplinary Suspension

* 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**.

[Users Guide](#)

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

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? W - Written V - Verbal ?

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

* What is the title of the person? ?


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7.2.4.1.1 Not Provided Warning

SIDES
E-Response

 SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

[Users Guide](#)

You have selected Discharge Reason Code: "Not Provided"



Choosing NOT TO PROVIDE this information means, the Employer/TPA does not have and/or cannot present the information requested and the state should proceed based on information they are providing. The Employer/TPA understands and agrees that the state should proceed with making a determination without this additional information and that the Employer/TPA may not be allowed to present the omitted information at a later time. The result of not providing this information may result in an adverse effect on the Employer account and its standing regarding the issue.

I agree and understand that not providing the separation information can adversely affect my account status.

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7.2.5 Prior Incidents & Additional Information

FEIN: 999991000
 SEIN: 123456789

[Sign out](#)

* 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 Delete button.

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**.

[Users Guide](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

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 & Additional Information.

> 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

Step 3: Additional Information.


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

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Save
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Go to Page Prior Incidents & Additional Information Go

7.2.5.1 Prior Incidents & Additional Information with Additional Information filled in

SIDES
E-Response



 FEIN: 999991000
 SEIN: 123456789

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

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 & Additional Information.

> 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.

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.					

Step 3: Additional Information.

Provide any additional information pertaining to the reason for discharge:

The claimant was late three Friday's in a row. The employer told the claimant if he was late one additional time he would be terminated.

Go to Page:

* 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 Delete button.



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.

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7.2.6 Attachments

FEIN: 999991000
SEIN: 123456789Sign out

* 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 table, click on the radio button to the left of the Attachment and click on the Delete button.

[Users Guide](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

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, 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.

Step 1: Add Attachments.

> Attachment File Name: ?

> Describe the document being attached (e.g. Warning Documents, Notice of Separation): ?

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

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7.3 Separation Reason Code 5 Path

7.3.1 Reason for Separation

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Reason for Separation

Claimant Provided Reason for Separation: Temporary Layoff

* Employer's Reason for Claimant's Separation: 5 = Asked to Resign ?

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

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? 2/28/2012 ?

If the claimant is still doing some work, is the claimant working all available hours? Yes No N/A ?

If no, why isn't the claimant working all available hours? ?

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Go to Page Reason for Separation Go

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7.3.2 Additional Separation Information

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Additional Separation Information

* indicates a Required Field

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

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.

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None

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Go to Page Additional Separation Information Go

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7.3.3 Compensation After Separation

SIDES E-Response
FEIN: 999991000
SEIN: 123456789

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELOCK, PHILIPPE M

Compensation After Separation

Will the Claimant receive any of the following compensation after the last day of work?
Severance, Separation Pay, Vacation, Holiday, Pension, Profit Sharing, Bonus Pay, Wages in Lieu of Notice, Back Pay, Residual Pay, Commissions, Sick, Disability or other payments

If Yes, go to Step 1 and answer the questions.
List each type of compensation separately (See HELP on the left side of this screen).

If No, go directly to Step 3.

Step 1: Add Compensation After Separation (enter each payment separately).

> What type of compensation did or will the claimant receive after the last day of work? ?

> 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? ?

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 Compensation after Separation							
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	Begin Date	End Date
No Records Found.							

Step 3: Answer the following questions if the claimant is receiving a company pension:

Was the claimant's retirement mandatory? Yes No ?

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: ?

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7.3.4 Asked to Resign

SIDES
E-ResponseFEIN: 999991000
SEIN: 123456789

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Asked to Resign

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

- * What is the reason the claimant was asked to resign? 4 = Drugs and Alcohol ?
- * What was the final incident that caused the separation from employment? ?
- What was the date of the final incident? 2/8/2012 ?
- * Did the claimant violate company policy? ?
 - * If yes, was the claimant previously informed about the company policy? ?
 - * If yes, how was the claimant made aware of the policy that was violated? ?
- * Who asked the claimant to resign (name)? Sam Smith ?
- * Job title of the person who asked the claimant to resign? Director of Ops ?

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

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Go to Page Asked to Resign Go

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7.3.4.1 Asked to Resign – Code 99

SIDES
E-Response

dew SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Asked to Resign

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

* What is the reason the claimant was asked to resign? ?

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? W - Written V - Verbal ?

* 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: ?

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7.3.4.1.1 Warning Page

SIDES E-Response

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

You have selected Discharge Reason Code: "Not Provided"

Choosing NOT TO PROVIDE this information means, the Employer/TPA does not have and/or cannot present the information requested and the state should proceed based on information they are providing. The Employer/TPA understands and agrees that the state should proceed with making a determination without this additional information and that the Employer/TPA may not be allowed to present the omitted information at a later time. The result of not providing this information may result in an adverse effect on the Employer account and its standing regarding the issue.

I agree and understand that not providing the separation information can adversely affect my account status.

Cancel I Accept, Continue

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7.3.5 Prior Incidents

FEIN: 999991000
 SEIN: 123456789

[Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Prior Incidents

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 the NEXT page.

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. ?

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.					

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Go to Page

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.

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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 Delete button.

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.

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7.3.6 Attachments

FEIN: 999991000
SEIN: 123456789Sign out

* 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 table, click on the radio button to the left of the Attachment and click on the Delete button.

[Users Guide](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

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, 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.

Step 1: Add Attachments.

> Attachment File Name: ?

> Describe the document being attached (e.g. Warning Documents, Notice of Separation): ?

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.				

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Go to Page Attachments

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7.4 Separation Reason Codes 6 and 14 Path

7.4.1 Reason for Separation

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Reason for Separation

Claimant Provided Reason for Separation: Temporary Layoff

*** Employer's Reason for Claimant's Separation:** 6 = Voluntary Quit/Separation ?

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

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 N/A ?

If no, why isn't the claimant working all available hours? ?

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7.4.2 Additional Separation Information

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Additional Separation Information

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

None

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Go to Page Additional Separation Information Go

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7.4.3 Compensation After Separation

SIDES E-Response

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

 FEIN: 999991000
 SEIN: 123456789

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Compensation After Separation

Will the Claimant receive any of the following compensation after the last day of work?
 Severance, Separation Pay, Vacation, Holiday, Pension, Profit Sharing, Bonus Pay, Wages in Lieu of Notice, Back Pay, Residual Pay, Commissions, Sick, Disability or other payments

If Yes, go to Step 1 and answer the questions.
 List each type of compensation separately (See HELP on the left side of this screen).

If No, go directly to Step 3.

Step 1: Add Compensation After Separation (enter each payment separately).

> What type of compensation did or will the claimant receive after the last day of work? ?

> 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? ?

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 Compensation after Separation							
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	Begin Date	End Date
No Records Found.							

Step 3: Answer the following questions if the claimant is receiving a company pension:

Was the claimant's retirement mandatory? Yes No ?

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:

Go to Page

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* indicates a Required Field

> indicates a Required Field if Step 1 is filled in

Enter a Compensation type.

After answering all questions, click on Save To Table. Then you may enter another compensation type. Continue until all compensation after separation has been reported.

To view or edit a Compensation After Separation entry in the table, click the radio button to the left of the Compensation Type and then select the View/Edit button. The data will appear in the section above and can be edited and saved.

To remove a Compensation After Separation type from the table, click the radio button to the left of the Compensation type and select the Delete button.

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.

[Users Guide](#)

7.4.4 Voluntary Quit

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Voluntary Quit

* 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**.

[Users Guide](#)

* What reason did the claimant give for voluntary quitting employment? 6 = Personal Reasons ?

Provide additional information about the reason the claimant gave for quitting? ?

The claimant quit to follow his spouse to CA. ?

Was continuing work available? Yes No ?

Were there changes in the claimant's hiring agreement that contributed to the claimant quitting this job? Select One ?

What were the changes to the claimants hiring agreement? If no changes were made, enter "No Changes." ?

Did the claimant take actions to avoid quitting? Yes No ?

If yes, what action did the claimant take to avoid quitting? ?

< Back Cancel Save Main Menu Next >

Go to Page Voluntary Quit Go

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7.4.4.1 Voluntary Quit – Code 99

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Voluntary Quit

*** What reason did the claimant give for voluntarily quitting employment?** 99 = Not Provided ?

Provide additional information about the reason the claimant gave for quitting?

The claimant quit to follow his spouse to CA. ?

Was continuing work available? Yes No ?

Were there changes in the claimant's hiring agreement that contributed to the claimant quitting this job? Select One ?

What were the changes to the claimants hiring agreement? If no changes were made, enter "No Changes." ?

Did the claimant take actions to avoid quitting? Yes No ?

If yes, what action did the claimant take to avoid quitting? ?

< Back Cancel Save Main Menu Next >

Go to Page Voluntary Quit Go

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7.4.4.1.1 Warning Page

SIDES E-Response

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

You have selected Voluntary Separation Code: "Not Provided"

Choosing NOT TO PROVIDE this information means, the Employer/TPA does not have and/or cannot present the information requested and the state should proceed based on information they are providing. The Employer/TPA understands and agrees that the state should proceed with making a determination without this additional information and that the Employer/TPA may not be allowed to present the omitted information at a later time. The result of not providing this information may result in an adverse effect on the Employer account and its standing regarding the issue.

I agree and understand that not providing the separation information can adversely affect my account status.

Cancel I Accept, Continue

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7.4.5 Voluntary Quit – In lieu of Discharge

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Voluntary Quit - In Lieu of Discharge

Complete the following questions if the claimant was going to be discharged if he/she had not quit. If not applicable, go the next page.

What is the reason the claimant would have been discharged? ?

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

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 ?

How was the claimant made aware of the policy that was violated? W - Written V - Verbal ?

Who would have discharged the claimant (name)? ?

Job title of the person who would have discharged the claimant? ?

Provide any additional information as to why the claimant would have been discharged: ?

< Back Cancel Save Main Menu Next >

Go to Page Go

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7.4.6 Prior Incidents

FEIN: 999991000
 SEIN: 123456789

[Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Prior Incidents

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 the NEXT page.

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. ?

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.					

Go to Page



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.

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7.4.7 Attachments

FEIN: 999991000
SEIN: 123456789Sign out

* 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 table, click on the radio button to the left of the Attachment and click on the Delete button.

[Users Guide](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELock, PHILIPPE M

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, 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.

Step 1: Add Attachments.

> Attachment File Name: ?

> Describe the document being attached (e.g. Warning Documents, Notice of Separation): ?

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

Go to Page

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7.5 Separation Reason Code 9, 10, 11, and 18 Path

7.5.1 Reason for Separation

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 [Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Reason for Separation

Claimant Provided Reason for Separation: Temporary Layoff

* **Employer's Reason for Claimant's Separation:** 9 = Still Employed, Full Time ?

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

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 N/A ?

If no, why isn't the claimant working all available hours? ?

< Back Cancel Save Main Menu Next >

Go to Page Reason for Separation Go

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7.5.2 Additional Separation Information

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

* indicates a Required Field

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Additional Separation Information

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

None


< Back Cancel Save Main Menu Next >


Go to Page: Additional Separation Information Go

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7.5.3 Attachments





FEIN: 999991000
SEIN: 123456789

[Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

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, 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.

Step 1: Add Attachments.

> Attachment File Name: ?

> Describe the document being attached (e.g. Warning Documents, Notice of Separation): ?

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.				

Go to Page

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* 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 table, click on the radio button to the left of the Attachment and click on the Delete button.

[Users Guide](#)

7.6 Separation Reason Codes 99 Path

7.6.1 Reason for Separation

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Reason for Separation

Claimant Provided Reason for Separation: Temporary Layoff

* **Employer's Reason for Claimant's Separation:** 99 = Not Provided ?

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

or a lockout?

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 N/A ?

If no, why isn't the claimant working all available hours? ?

< Back Cancel Save Main Menu Next >

Go to Page Reason for Separation Go

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7.6.1.1 Warning page

The screenshot shows the top navigation bar with the SIDES E-Response logo, the South Carolina Department of Employment and Workforce logo, and a 'Sign out' button. The main content area features a warning message: "You have selected Separation Reason Code: 'Not Provided'". Below this, a paragraph explains that choosing not to provide information means the Employer/TPA cannot present the requested information, and the state will proceed based on the provided information. A statement follows: "I agree and understand that not providing the separation information can adversely affect my account status." At the bottom of the main content area are two buttons: "Cancel" and "I Accept, Continue". The footer contains copyright information: "Copyright © 2008 - 2011, National Association of State Workforce Agencies. All Rights Reserved." and the page number "6.2".

7.6.2 Additional Separation Information

The screenshot shows the 'Additional Separation Information' page. The top navigation bar is identical to the previous page. Below the navigation bar, the user's response information is displayed: "Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELOCK, PHILIPPE M". The main heading is "Additional Separation Information". A red asterisk indicates a required field: "* Please explain reason for not providing separation information." Below this is a large text input area with a question mark icon in the top right corner. At the bottom of the main content area are several buttons: "< Back", "Cancel", "Save", "Main Menu", and "Next >". Below these buttons is a "Go to Page" dropdown menu currently set to "Additional Separation Information" and a "Go" button. The footer contains the same copyright information as the previous page and the page number "7".

7.6.3 Compensation After Separation

SIDES
E-Response

 FEIN: 999991000
 SEIN: 123456789

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

Compensation After Separation

Will the Claimant receive any of the following compensation after the last day of work?
 Severance, Separation Pay, Vacation, Holiday, Pension, Profit Sharing, Bonus Pay, Wages in Lieu of Notice, Back Pay, Residual Pay, Commissions, Sick, Disability or other payments

If Yes, go to Step 1 and answer the questions.
 List each type of compensation separately (See HELP on the left side of this screen).

If No, go directly to Step 3.

Step 1: Add Compensation After Separation (enter each payment separately).

> What type of compensation did or will the claimant receive after the last day of work? ?

> 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? ?

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 Compensation after Separation							
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	Begin Date	End Date
No Records Found.							

Step 3: Answer the following questions if the claimant is receiving a company pension:

Was the claimant's retirement mandatory? Yes No ?

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

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* indicates a Required Field

> indicates a Required Field if Step 1 is filled in

Enter a Compensation type.

After answering all questions, click on Save To Table. Then you may enter another compensation type. Continue until all compensation after separation has been reported.

To view or edit a Compensation After Separation entry in the table, click the radio button to the left of the Compensation Type and then select the View/Edit button. The data will appear in the section above and can be edited and saved.

To remove a Compensation After Separation type from the table, click the radio button to the left of the Compensation type and select the Delete button.

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.

[Users Guide](#)

7.6.4 Attachments

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEN: 123456789

Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

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, 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.

Step 1: Add Attachments.

> Attachment File Name: ?

> Describe the document being attached (e.g. Warning Documents, Notice of Separation): ?

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

Go to Page

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* 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 table, click on the radio button to the left of the Attachment and click on the Delete button.

[Users Guide](#)

8 Amended Response

SIDES E-Response **dew** SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

Response for: SSN: 007-79-8253 Claim Number: 1 Name: RONQUILLO, OSMIN

Amended Response

Amended Response Number: 1

* Why is the response being amended and what changed?

< Back Cancel Save Main Menu Next >

Go to Page: Amended Response Go

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9 Submission

9.1 Submission Page

The screenshot shows the SIDES E-Response interface. At the top, there is a header with the SIDES E-Response logo on the left, the South Carolina Department of Employment and Workforce logo in the center, and FEIN: 999991000 and SEIN: 123456789 on the right. A 'Sign out' button is also present. Below the header, the page title is 'Submission'. The main content area includes a 'View/Print' button with a printer icon. Below this are three buttons: '< Back', 'Main Menu', and 'Submit to State'. On the left side, there is a sidebar with instructions: 'Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information to the State Unemployment Insurance office. You will receive a confirmation number on successful submission.' and 'If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend.' A 'Users Guide' link is also present. At the bottom, there is a footer with copyright information: 'Copyright © 2008 - 2011, National Association of State Workforce Agencies. All Rights Reserved.' and the page number '19'.

SIDES E-Response

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789

Sign out

Response for: SSN: 007-79-8253 Claim Number: 1 Name: RONQUILLO, OSMIN

Submission

View/Print

< Back Main Menu Submit to State

Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information 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.

[Users Guide](#)

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9.1.1 Submission with Errors

SIDES
E-Response


dew SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999990000
SEIN: 123456789

Sign out

Response for: SSN: 001-29-3253 Claim Number: 1 Name: BRUNTZ, AMANDA

Submission

 View/Print

Please correct the following errors:

[Additional Separation Information - Employer Separation Reason Comments is required](#)


[< Back](#) [Main Menu](#) [Submit to State](#)

[Users Guide](#)

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9.2 Submission Confirmation

SIDES E-Response  SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000
SEIN: 123456789 [Sign out](#)

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELLOCK, PHILIPPE M

[Users Guide](#)

Submit Confirmation

You have chosen to submit your Separation Information Response to the State Unemployment Insurance Office

Do you want to submit this response?

[< Back](#) [Yes](#)

Please wait for confirmation number.

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9.3 Confirmation

SIDES
E-Response

dew SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

FEIN: 999991000
SEIN: 123456789


Sign out

Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELOCK, PHILIPPE M

Confirmation

Your response has been accepted. Your confirmation number is:
8F2C 692A CCE6 3541 E7D6 9A79 247C 6097

Please print this pdf and keep with your records.

 View/Print

Main Menu

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10 Logout

SIDES
E-Response

UI SIDES
State Information
Data Exchange System

Logout

You have successfully logged out.

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