

SEPARATION INFORMATION E-RESPONSE WEB SITE

USER GUIDE

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1 Introduction

SIDES E-Response is a website that makes it possible for employers to respond electronically to requests for information from participating state unemployment insurance agencies. This guide provides step-by-step direction for responding to requests for information about the reasons that a former worker was separated from employment, including samples of the screens that you will see when you login to E-Response and enter information related to a specific claim/individual. The E-Response system performs a comprehensive check of the information to ensure that it is complete before it is submitted. When a response is submitted, E-Response provides a confirmation number for your records.

2 Getting Started

2.1 Minimum Requirements, Credentials, and Conventions

Minimum Requirements.

The minimum system requirements to use SIDES E-Response are:

- Internet Explorer version 11.0 or higher.
- Chrome V44 or higher.
- Firefox V37 or higher.
- JavaScript must be turned on.
- A minimum screen resolution of 1024 x 768.

2.2 Credentials

Before logging into SIDES E-Response, you will need the following credentials:

- Federal Employer Identification Number (FEIN)
- State Employer Identification Number (SEIN) if used by requesting State
- Personal Identification Number (PIN)

The State Unemployment Insurance (UI) agency requesting information will provide your PIN either with the notice that requests separation information or through another avenue. Some States may assign a business one PIN for access to all requests sent to it; other states may assign a separate PIN for access to each request. If you have questions regarding credentials for logging in to E-Response, please contact the State UI agency from which you have received a request.



2.3 Conventions

This guide uses the following conventions:

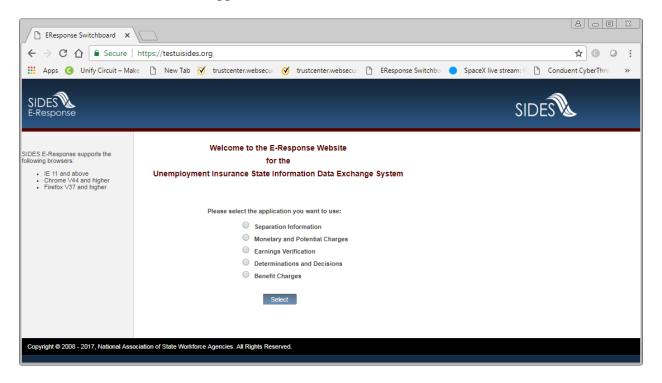
[Button]:	Brackets indicate a button and the button label you will see on the screen.
<u>Hyperlink</u> :	All hyperlinks in the screen will be indicated with a bold underline.
"Area of screen":	Double quotes indicate headers or some other specific area of a particular screen.
SMALL CAPS:	Screen titles are shown in SMALL CAPS.

3 Logging In

To log-in to SIDES E-Response:

- Launch an Internet Browser (Internet Explorer, version 9.0 or higher required)
- Go to <u>http://uisides.org</u>

The screen shown below will appear.



On the WELCOME screen, select Separation Information, and click the [Select] button. The screen shown below will appear.



On the LOGIN screen, do the following:

- Select the appropriate State from the drop-down list;
- Enter your Federal Employer Identification Number (FEIN) without dashes or other punctuation;
- Enter your State Employer Identification Number (SEIN) without dashes or other punctuation;

Note: If a State UI agency does not use a State Employer Identification Number, the SEIN is not required and no SEIN box will be displayed on the Login screen;

• Enter the PIN provided to you by the requesting State UI agency, and

Note: PINs are case SenSitive

• Click the [Login] button.

SIDES E-Response	SIDES
Users Guide Help with E-Response indicates a Required Field All values entered into the FEIN/SEIN/PIN fields are case SenSiTive	Separation Information Application, Response Entry To respond to your separation information request(s), please login using the instructions provided by the State Agency. *State: Select One *State: Select One *Gentification Number: *State Employer Identification Number: *State Employer Identification Number: *State Employer
Note: Dashes and/or other punctuation should be omitted from the Federal Employer Identification Number.	Cancel Login Return to the Main E-Response Selection Page

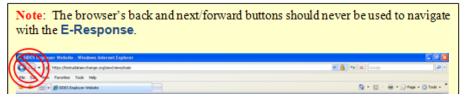
If the login is unsuccessful, first try again, being very careful with your key strokes. If you continue to have a problem, either your credentials are incorrect or there are no separation information requests pending at this time. Contact the requesting State UI agency if you received a notice that a separation request is pending and you cannot log into the system to enter your response.



4 Features Included in Multiple Screens

- <u>Identifying Information</u>. Your FEIN and SEIN (if used) will be displayed in the upper right portion of the screens.
- <u>Information Bar.</u> A vertical section on the left side of the screen provides specific instructions to help you navigate specific pages.
- <u>Site Navigation Buttons.</u> At the bottom of most pages you will find the following buttons:
 - [Back]—saves your work and takes you to the previous page.
 - [Cancel]—deletes data from the screen, and you remain on the same page.
 - [Save]—saves data entered and runs validations, but you remain on the same page.
 - [Main Menu]—does not save data entered, and returns you to the Separation Information Requests page.
 - [Next]—saves data entered and moves to the next page.
 - [Go]—a drop down menu allows you to select and jump to a particular page.

Note: Using the browser navigation button to go back or go forward will <u>NOT</u> ensure the proper functioning of the site and could cause you to lose work.



- <u>Sign Out Button</u>. The [Sign Out] button located in the upper far-right portion of each page will log you out of the E-Response website. Be sure you have saved your work before signing out.
- <u>Help Icon</u>. This symbol indicates help is available for the particular field where it is found. Simply mouse over the icon to see the help text.
- <u>Screen Identification Number</u>. The number in the bottom right corner of each screen identifies it. Should you have questions or problems with a particular screen/page, please refer to this screen number when contacting your State UI agency.



• <u>Standard Web Interface Features</u>. Many pages include navigation and functions that are common on most websites, including clickable radio buttons, check boxes, drop-down menus, and text fields. Remember to use only the navigation features built into the site. Using browser navigation features to go back, forward, or print could cause you to lose your work.

5 Separation Information Requests Screen

After logging in to E-Response you will see the pending separation information request or requests that are associated with the PIN that you entered. A sample screen is shown below.

SIDES E-Response			FEIN: 222222222 SEIN: 222222222	Sign out
Search by SSN: (Omit Dashes)	Each request will have an atta New Mexico currently only off Any request for custom addition	ease be advised you have 10 days to res chment with additional questions that mu rs the option to complete separation info nal fact finding must be completed throu DES E-Response. SIDES E-Response s	rmation at this time. gh New Mexico's website.	11.3.300.301.
Users Guide Help with E-Response	 IE 11 and above Chrome V44 and higher Firefox V37 and higher 			
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.		s during this window as the system may Separation Inform		
Select "Create Response" to begin a response.	Order by: Due Date Ascending			
Select "Edit Response" to edit information to a response that has not yet been submitted. Select "Delete Response" to delete	SSN: 250-00-7000 Name: Farley, Roger B Date Due: 11:59 PM Eastern on 09/30/2018	Response Status: In Progress Edit Response Delete Response	View/Print	
a response that has not yet been submitted. Select "Create Amendment" to change a response that has already	SSN: 250-00-7001 Name: Bowen, Mary j Date Due: 11:59 PM Eastern on 09/30/2018	Response Status: In Progress Edit Response Delete Response	View/Print	
been submitted. Select "Edit Amended Response" to edit information on an amendment in progress.	SSN: 250-00-7002 Name: Delone, Maria S Date Due: 11:59 PM Eastern on 09/30/2018	Response Status: In Progress Edit Response Delete Response	Nview/Print	
Select "Delete Amended Response" to delete an amended response that has not yet been submitted. Note: Requests remain on the	SSN: 250-00-7003 Name: Doe, Steve j Date Due: 11:59 PM Eastern on 09/30/2018	Response Status: Not Started Create Response	TView/Print	
SIDES E-Response Website for 35 days.	Separation Information Requests for a separation requests found for other			
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At the top left is a "Search by SSN" box. If the list of pending requests is lengthy, you can locate a specific request by entering the SSN to which it relates in this box and clicking [Search].



The list shows each claimant's name, SSN, and the date and time that the separation information response is due to the requesting state. It is important that each response be submitted by its due date to ensure that the information can be used to determine whether the individual is eligible for unemployment benefits. Not responding by the due date may adversely affect your account.

Response Status Buttons. The buttons shown for each pending request indicates its status.

- If the response has not yet been started, the button will show [Create Response]
- If the response is in progress, you can choose the buttons [Edit Response] or [Delete Response]
- If the response has been submitted, the button will show [Create Amendment].
- Requests will remain on the website for 35 days after the request date.

5.1 Creating a Response

This section takes you step-by-step through the process of creating and submitting a response. At any point in the process, you can save your work and come back to it later. When you login to work on it later, click the [Edit Response] button which will take you back to the beginning of the response pages. You also have the option of deleting all of the information that you have entered and starting fresh by clicking the [Delete Response] button.

Note: Only a limited character set (numbers and letters) may be keyed into text fields. Use care when cutting and pasting from other applications, such as Microsoft Word. Invisible characters such as a paragraph symbol may be pasted into the text field that will cause an error message to be displayed.

To begin work on a response, click [Create Response]. You will then see the **CLAIMANT AND EMPLOYER IDENTIFICATION** page. A sample is shown below.



SIDES E-Response			FEIN: 22222222 SEIN: 222222222	Sign out
Users Guide Help with E-Response	Request Date: 09/19/2	250-00-7000 Claim Number: 1984241 Nan 2018 Date Due: 09/30/2018 Claim Effectiv laimant and Employer Identification	ve Date: 03/18/2018	
Indicates a Required Field Please review Claimant and Employer Identification information and enter any corrections.	Requesting State State: UT Agency: Phone: Fax:	Claimant Provided Inform SSN: Name: Other Last Name Used: State Claim Number: Benefit Year Begin Date: Type of Claim:	nation 250-00-7000 Farley, Roger B 1984241 2018-03-18 New Initial Claim	
	Employer Information Employer Name: State Employer Account Number: Federal Employer Identification Number: Check here if employer Information is incorrect Check here if the claimant worked under any other Employer Status	Information of Record TESTDATA INC 0770384 22222222 r SSN or Name		
TPA = Third Party Administrator	Check here if claimant did NOT work for this emplo Check here if TPA receiving this request does NO Check here if TPA receiving this request does NO Cance Go to Page Claimant and	T represent this employer	▼ Go	Next >
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This page includes a series of pre-populated fields including "Requesting State" information and "Claimant Provided Information." This information cannot be changed.

"Employer Information" is also pre-filled; however, if "Claimant Provided Information" or "Employer Information" is incorrect, you may supply corrected information. Select the checkbox(es) next to "Check here if employer information is incorrect" and/or "Check here if the claimant worked under any other SSN or Name".

Immediately below this section, there is an opportunity to check a box indicating that the request has been sent to you in error either because the individual did not work for your business or, if you are a Third Party Administrator (TPA), that you do not represent the employer for whom the individual worked.

After completing the **CLAIMANT AND EMPLOYER IDENTIFICATION** page, click [Next] to continue your response. If you selected a check-box to provide corrected "Claimant Provided Information" or "Employer Information", the **CLAIMANT AND EMPLOYER IDENTIFICATION CHANGE** page is displayed. Enter information into the "Corrections (if different)" fields and the changed data will be routed to the appropriate State UI agency for review and handling. Updated information must be entered on the page before the [Next] button may be pressed. If you do not have corrected information, press the [Back] button and correct your answer.



SIDES E-Response			FEIN: 222222222 SEIN: 222222222	Sign out
Users Guide Help with E-Response * indicates a Required Field Please review Claimant and Employer Identification information and enter any corrections.		0-00-7000 Claim Number: 19842 018 Date Due: 09/30/2018 Claim nt and Employer Identification Information of Record 250-00-7000 Farley, Roger B		Q
	Employer Information Employer Name: State Employer Account Number: Federal Employer Identification Number:	Information of Record TESTDATA INC 0770384 222222222 Save Main Mer Employer Identification Change	Corrections(if different)	2 2 2 Next >
TPA = Third Party Administrator Copyright @ 2008 - 2018, National Asso 12 201 - Build al7(1925 - 22, 19	xiation of State Workforce Agencies. All Rights Reserved.			3.2



The **PREPARER INFORMATION PAGE** is the next page to be filled out in the separation response sequence. Enter the information about the entity and person preparing the response. After reviewing/completing this page, click [Next].

SIDES E-Response	FEIN: 22222222 Sign out SEIN: 22222222
Users Guide Help with E-Response	Response for SSN: 250-00-7000 Claim Number: 1984241 Name: Farley, Roger B Request Date: 09/19/2018 Date Due: 09/30/2018 Claim Effective Date: 03/18/2018 Preparer Information
• Indicates a Required Field TPA = Third Party Administrator	•Who is providing this response? •Who is providing this response? •On the person preparing this response? •On the person preparing this response? •Preparer's elephone number plus extension: (Only digits, omit parenthesis, dashes or spaces) •Preparer's Fax number: (Only digits, omit parenthesis, dashes or spaces) Cancel Save Main Menu • Cancel Preparer Information v Co
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If there are any informational attachments on the request for separation, the **UI AGENCY INSTRUCTIONS** page is displayed. Click the [Download] button to retrieve any attachments. Any attachments supplied by the UI Agency that are actionable, are available for download on the **ADDITIONAL SEPARATION INFORMATION** page that will be displayed further in the response flow. A sample of the **ATTACHMENTS FROM UI AGENCY** page is shown below.

SIDES E-Response			FEIN: 222222222 SEIN: 222222222	Sign out
Users Guide	Response for Request Date: D	SSN: 560-34-8476 Claim Number: 388620 8/16/2018 Date Due: 08/27/2018 Claim Et UI Agency Instructions	Name: Wilson, Jim ffective Date: 10/02/2016	
Documents have been attached to	Informational only attachments:			
this Separation Information Request. Note: Some documents may require	Document Name	Document Size Extension		
your response.	16000Characters.tif	RTF 5,840 Download		
	< Back C Go to Page UI Ager	Cancel Save Main Menu ncy Instructions T Go		Next >
	ation of State Workforce Agencies. All Rights Reserv	red.		3.4
13.201 - Build af7da25 - 29.42				

After reviewing/completing this page, click [Next] which takes you to the **EMPLOYMENT INFORMATION** page. You will enter information about the claimant's employment and earnings with your business on this page, a sample of which is shown below.



SI - Employment Information X				
← → C ☆ 🔒 Secure ht	ttps://testuisides.org/si/views/response			☆ ⊙ ♀ :
Apps G Unify Circuit – Make	🖹 New Tab 🧭 trustcenter.websecur 🧭 trustcent	er.websecur 🗋 ERespon	se Switchbo 🔵 SpaceX live s	tream: F 🕒 Conduent CyberThre »
SIDES E-Response			FEIN: 222222222 SEIN: 222222222	Sign out
Users Guide	Response for SSN: 250-00-70 Request Date: 09/19/2018 Date Em	00 Claim Number: 1984241 te Due: 09/30/2018 Claim Ef ployment Information	Name: Farley, Roger B fective Date: 03/18/2018	
Help with E-Response	Save complete	d successfully.		
* indicates a Required Field				
Enter all applicable information using the space provided.	* Employer's Reason for Claimant's Separation:	Select One		T
the space provided.	Claimant Provided Reason for Separation: First day of work: Claimant Provided:	42/26/4080	Laid Off/Lack of Work	
	Last day of work: Claimant Provided:			2
	Was this seasonal employment according to state law?	55/10/2010		
	Does the claimant have reasonable expectation of returning to v	work for you?	Yes No	
	Claimant's Job Title: Director IT security		Yes No	
Copyright @ 2008 - 2018, National Associa		Save Main Menu	(Next >
13.201 - Build af7da25 - 29.47	and of State Werklotte Agencies. All rights reserved.			*

The separation reasons available to you from the "Employer's Reason for Claimant's Separation" drop-down list are below. If you know the specific number associated with your reason, you may simply type the number of your choice to jump to that reason in the list.

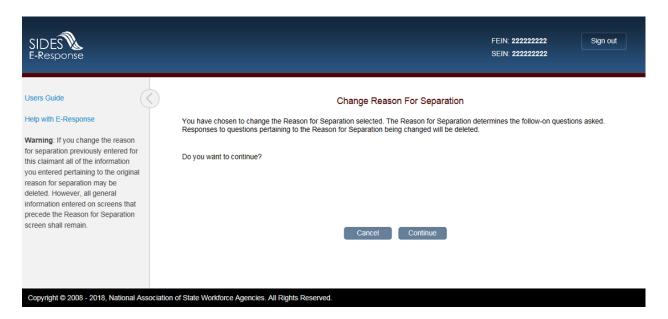
- Temporary Layoff
- Laid Off/Lack of Work
- Fired/Discharged
- Vacation/Holiday Shutdown
- Asked to Resign
- Voluntary Quit/Separation
- School Employee Between Semesters or Terms, Likely to Return
- School Employee Between Semesters or Terms, Not Likely to Return
- Still Employed, Full Time
- Still Employed, Part Time
- Still Employed, Hours Reduced by Employer

- On Call or Temporary Status
- Leave of Absence
- Retirement Mandatory
- Retirement Voluntary
- Disciplinary Suspension
- Labor Dispute
- Professional Athlete Between Sports Seasons
- Disaster Related Separation
- Not Listed Above (Use only if the situation does not fit a reason listed above)
- Refuse to Provide

After selecting one of the reasons from the list above, you will be directed to additional pages and asked a series of questions related to that particular reason. Depending on the reason for separation selected, the set of screens to be filled out may differ. The following pages are an example showing the pages displayed for the Temporary Layoff path.



If after you begin answering the questions, you decide that another reason may be more accurate, you may go back and change the reason selected. If you do so, you may see the **CHANGE REASON FOR SEPARATION** page asking you to confirm the change and warning that your answers to the questions related to the prior reason will be deleted.



After entering this information, click [Next] which will take you to the WAGES EARNED / HOURS WORKED page.

SIDES E-Response		FEIN: 222222222 Sign out SEIN: 222222222
Users Guide Help with E-Response	Request Date: 09/19/2018 Date Due: 0	n Number: 1984241 Name: Farley, Roger B 9/30/2018 Claim Effective Date: 03/18/2018 d/Hours Worked
* indicates a Regulred Field	Are total earned wages available for 09/22/2017 thru 09/30/2017? Are total weeks worked available for 09/22/2017 thru 09/30/2017? What were the total wages earned after 03/18/2018? What were the total hours worked after 03/18/2018? A Back Cancel Save Go to Page Wages Earned/Hours Worked	Select One Select One Main Menu Select One Select One Select One Select One Select One Select One Select One Select One Select One Select One Select One Select One Select One Select
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On this page you are asked if total earned wages are available and if total weeks worked are available.

After entering this information, click [Next] which will take you to the **COMPENSATION PAID AFTER SEPARATION** page.

Help with E.Response Compensation Paid After Separation • indicates a Reguired Field What was the claimant's average weekly wage? I I • Enter all applicable information using What was the average number of hours the claimant worked per week? I I	Help with E-Response Indicates a Required Field Enter all applicable information using the space provided. What was the claimant's average weekly wage? What was the claimant working all available hours? With or is the claimant receiving a company pension? With or is the claimant receiving a company pension? With the claimant receive any of the following compensation on or after the last day of work: With the claimant receive any of the following company pension? With the claimant receive any of the following company pension? With the claimant receive any of the following company pension? With the claimant receive any of the following company pension? With the claimant receive any of the following company pension? With the claimant receive any of the following company pension? With the claimant receive an	SIDES E-Response				FEIN: 222222222 SEIN: 222222222	Sign out
Enter all applicable information using the space provided. What was the average number of hours the claimant working all available hours? Yes No • Will or is the claimant receiving a company pension? Yes No • Will or is the claimant receiving a company pension? Yes No • Will or is the claimant receiving a company pension? Yes No • Will the claimant receive any of the following compensation on or after the last day of work: No to all Separation Pay Yes No Residual Pay Yes No Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No	Enter all applicable information using the values of hours the claimant working all available hours? What was the average number of hours the claimant working all available hours? '' the claimant is still working, is the claimant working all available hours? '' the claimant receive any of the following compensation on or after the last day of work: '' Will the claimant receive any of the following compensation on or after the last day of work: '' Wes No Separation Pay '' ves No Holiday '' ves Holiday '' ves	Users Guide	Re				
Enter all applicable information using the space provided. What was the average number of hours the claimant working all available hours? Yes No * Will or is the claimant receiving a company pension? Yes No No * Will the claimant receive any of the following compensation on or after the last day of work: No to all Severance Yes No Bonus Pay Yes No Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No	Enter all applicable information using the versage number of hours the claimant working all available hours? What was the average number of hours the claimant working all available hours? If the claimant is still working, is the claimant working all available hours? If the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last day of work: If will no is the claimant receiver any of the following compensation on or after the last	* indicates a Required Field	What was the claimant's average w	eekly wage?			2
the space provided. If the claimant is still working, is the claimant working all available hours? Yes No • Will or is the claimant receiving a company pension? Yes No • Will the claimant receive any of the following compensation on or after the last day of work: No to all Severance Yes No Separation Pay Yes No Vacation Yes No Holiday Yes No Profit Sharing Yes No	the space provided. If the claimant is still working, is the claimant working all available hours? \rightarrow \righ	Enter all applicable information using	What was the average number of h	ours the claimant worked per w	eek?		
Will the claimant receive any of the following compensation on or after the last day of work: No to all Severance Yes No Separation Pay Yes No Yes Yes	• Will the claimant receive any of the following compensation on or after the last day of work: • Will the claimant receive any of the following compensation on or after the last day of work: • Will the claimant receive any of the following compensation on or after the last day of work: • Will the claimant receive any of the following compensation on or after the last day of work: • Will the claimant receive any of the following compensation on or after the last day of work: • Will the claimant receive any of the following compensation on or after the last day of work: • Will the claimant receive any of the following compensation on or after the last day of work: • Wes • Vacation • Vacation • Ves • No • Vacation • Vacation • Ves • No • Vacation • Vacation • Ves • No • Profit Sharing • Ves • No • Vacation • Ves • No • Back Pay • Ves • No • Ves • No		If the claimant is still working, is the	claimant is still working, is the claimant working all available hours?		Yes No	
Severance Yes No Bonus Pay Yes No Separation Pay Yes No Residual Pay Yes No Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No	Severance Yes No Bonus Pay Yes No Separation Pay Yes No Residual Pay Yes No Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No Back Pay Yes No NotListed Above Yes No Back Pay Yes No No No No		* Will or is the claimant receiving a	company pension?		Yes No	
Separation Pay Yes No Residual Pay Yes No Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No	Separation Pay Yes No Residual Pay Yes No Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No Wages in Lieu of Notice Yes No Not Listed Above Yes No Back Pay Yes No Stein Manu Next>		* Will the claimant receive any of th	e following compensation on o	after the last day of work	No to all	
Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No	Vacation Yes No Commissions Yes No Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No Wages In Lieu of Notice Yes No Not Listed Above Yes No Back Pay Yes No Not Listed Above Yes No Back Pay Yes No Not Listed Above Yes No		Severance	Yes No	Bonus Pay	Yes No	
Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No	Holiday Yes No Sick Pay Yes No Profit Sharing Yes No Disability Yes No Wages in Lieu of Notice Yes No Not Listed Above Yes No Back Pay Yes No Image: No Image: No Image: No Image: No Gancel Save Main Menu Next>		Separation Pay	Yes No	Residual Pay	Yes No	
Profit Sharing Yes No Disability Yes No	Profit Sharing Yes No Disability Yes No Wages in Lieu of Notice Yes No Not Listed Above Yes No Back Pay Yes No No Not Listed Above Yes No Back Back Cancel Save Main Menu Next >		Vacation	Yes No	Commissions	Yes No	
	Wages In Lieu of Notice Yes No Not Listed Above Yes No Back Pay Yes No Image: Cancel Save Main Menu Next >		Holiday	Yes No	Sick Pay	Yes No	
Wages In Lieu of Notice Yes No Not Listed Above Yes No	Back Pay Yes No Back Cancel Save Main Menu Next >		Profit Sharing	Yes No	Disability	Yes No	
	< Back Cancel Save Main Menu Next >		Wages In Lieu of Notice	Yes No	Not Listed Above	Yes No	
Back Pay Yes No			Back Pay	Yes No			

On this page you are asked to provide the claimant's average weekly wage and average number of hours the claimant worked per week. Select if the claimant is receiving a company pension and check which compensation types the claimant has received. Below are the compensation types available to you.

Severance Separation Pay Vacation Holiday Profit Sharing Bonus Pay Wages In Lieu of Notice Back Pay Residual Pay Commissions Sick Pay Disability Not Listed Above



After completing the **COMPENSATION PAID AFTER SEPARATION** page, click [Next] which will take you to the **COMPENSATION AFTER SEPARATION** – page(s) for the remuneration types that were selected. Note that **COMPENSATION AFTER SEPARATION** pages are only displayed if you selected "Yes" to a compensation type or company pension. A sample **COMPENSATION AFTER SEPARATION** page is below.

SIDES E-Response	FEIN: 22222222 Sign out SEIN: 222222222
Users Guide Help with E-Response	Response for SSN: 250-00-7000 Claim Number: 1984241 Name: Farley, Roger B Request Date: 09/19/2018 Date Due: 09/30/2018 Claim Effective Date: 03/18/2018 Compensation After Separation - Severance
 indicates a Required Field Enter all applicable information using the space provided. N/A: Not Available 	• Was the severance pay allocated to a specific period of time? • What is the frequency of the claimant's severance pay after separation? • What is the amount of the severance pay per period? • What date will or was the severance pay paid?
	< Back Cancel Save Main Menu Next > Go to Page Compensation After Separation - Severance ▼ Go
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After completing all the questions related to compensation after separation, click [Next] which will take you to the **COMPENSATION AFTER SEPARATION SUMMARY** page. You may select an individual compensation after separation, and edit or delete it from the summary page.



indicates a Required Field Rev Enter all applicable information using the space provided.	view/Edit En Summar Select	tries. ry of Compensation after Sepa						
		ry of Compensation after Sepa						
he space provided.	Select		ration					
	001001	Туре	Amount Per Period	Period Frequency	Date Issued	Employ Begin Date	er Allocation End Date	
		Pension	\$100.00	Lump Sum	10/14/2018	09/04/2018	10/07/2018	
		Severance	\$1,000.00	Lump Sum	08/19/2018	10/10/2018	10/20/2018	
		Separation	\$1,200.00	Lump Sum	08/08/2018			
		Vacation	\$1,200.00	Lump Sum	08/08/2018	10/20/2018	10/21/2018	
		Holiday/Floating Holiday	\$200.00	Lump Sum	08/08/2018			
		Profit Sharing	\$150.00	Lump Sum	08/08/2018			
		Bonus Pay	\$500.00	Lump Sum	08/08/2018			
		Wages in Lieu of Notice	\$1,200.00	Lump Sum	08/08/2018			
		Back Pay Award	\$100.00	Lump Sum	08/08/2018	10/20/2018	10/21/2018	
		Residual Payments	\$500.00	Lump Sum	08/08/2018			
		Commissions	\$100.00	Lump Sum	08/08/2018			
		Sick Pay	\$100.00	Lump Sum	08/08/2018			
		Disability	\$1,000.00	Lump Sum	08/08/2018			
		Not Listed Above	\$1,000.00	Lump Sum	08/08/2018			

After completing your review, click [Next] which will take you to the **ATTACHMENTS** page.



SIDES E-Response	FEIN: 22222222 Sign out SEIN: 222222222
Users Guide Help with E-Response	Response for SSN: 250-00-7000 Claim Number: 1984241 Name: Farley, Roger B Request Date: 09/19/2018 Date Due: 09/30/2018 Claim Effective Date: 03/18/2018 Attachments
* indicates a Required Field	* Do you have any attachments which support your statement regarding the Reason for Separation? 🛛 💟 Yes 📃 No
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	WARNING - Acceptable file formats are: csv, pdf, rtf, tiff (tiff), bt. The total size of all attachments (up to 10) 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.
To add an attachment(s), click on the Add Attachments button and select all the files you want to attach. Add additional attachment	< Back Cancel Save Main Menu Next > Go to Page Attachments Go
information to each attachment. Repeat as needed. To remove an Attachment click on the Delete button.	
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If you have attachments that support the reason for separation you have provided you may enter them here. The following file types can be attached to the Separation Request or Response:

Туре	Description	Programs to Use to Access
RTF	A rich text format document	Most word processing applications
PDF	An Adobe PDF	Adobe PDF Reader or Adobe PDF
TXT	A text file	All word processing applications and all text editors (Notepad, vi, etc)
TIFF, TIF	A tiff/tif image file	Graphical tools and picture tools
CSV	A comma-separated values file	Most spreadsheet programs and database management systems

After attaching any supporting documents click [Next] to go to the **ADDITIONAL SEPARATION INFORMATION** page. A sample is shown below. If the UI Agency provided attachments that are actionable, they will be available for download. Click the [Download] button to retrieve any attachments.



SIDES E-Response			FEIN: 222222222 Sign out SEIN: 222222222	
Users Guide Help with E-Response	Response for Request Date: 08	SSN: 560-34-8476 Claim Number: 388620 Nam 8/16/2018 Date Due: 08/27/2018 Claim Effective Additional Separation Information	2: Wilson, Jim Date: 10/02/2016	
* indicates a Required Field	Download, complete and return the following atta			
	Document Name	Document Size Extension		
	16000Characters.tif	RTF 5,840 Download		
	<pre>information.</pre>	formation in the above files and I am responsible for ancel Save Main Menu Ial Separation Information V Go	providing the additional	
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After providing additional information regarding the separation, including information requested on actionable attachments, click [Next] to go to the **SUBMISSION** page. A sample is shown below.

SIDES E-Response	FEIN: 22222222 Sign out SEIN: 22222222
Users Guide Help with E-Response Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information response 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, or click on the error message and you will be taken to the page where the correction needs to be made.	Response for SSN: 25D-00-7000 Claim Number: 1984241 Name: Fatey, Roger B Request Date: 09/19/2018 Claim Effective Date: 03/18/2018 Submission View/Print < Back Main Menu Submit to State
	xiation of State Workforce Agencies. All Rights Reserved. 19
13.201 - Build af7da25 - 29:58	



The [Submit to State] button will be grayed out until the system has determined that the Separation Response is fully compliant with the data input validation and business rules.

If there are errors with the business or validation rules, you will see links on this screen displaying the screen and field name in question. See SUBMISSION screen with errors below.

Simply click on the link in order to be directed to the screen and error.

SIDES E-Response	FEIN: 222222222 Sign out SEIN: 222222222	
Users Guide	Response for SSN: 250-00-7000 Claim Number: 1984241 Name: Farley, Roger B Request Date: 09/19/2018 Date Due: 09/30/2018 Claim Effective Date: 03/18/2018 Submission	
Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information response 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, or click on the error message and you will be taken to the page where the	Please correct the following errors: Preparer Information - Preparer Type Code is required Preparer Information - Preparer Tile is required Preparer Information - Preparer Phone is required Preparer Information - Preparer Email is required Preparer Information - Preparer Email is used to state	
correction needs to be made. Copyright © 2008 - 2018, National Associ	iation of State Workforce Agencies. All Rights Reserved.	19

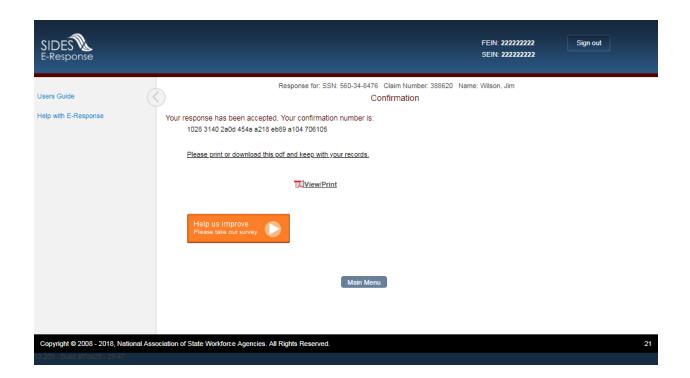
When the Separation Response has been successfully validated, you can submit it to the State UI agency. The **SUBMISSION CONFIRM** page is displayed.

As with other important steps in the editing of a Separation Response, the **SUBMISSION CONFIRM** page will appear to make sure you are fully prepared to submit to the State.



SIDES E-Response	FEIN: 222222222 Sign out SEIN: 222222222	
Users Guide (Help with E-Response	Response for SSN: 560-34-8476 Claim Number: 388620 Name: Wilson, Jim Request Date: 08/16/2018 Date Due: 08/27/2018 Claim Effective Date: 10/02/2016 Submission Confirm	
	You have chosen to submit your Separation Information Response to the State Unemployment Insurance Office	
	Do you want to submit this response?	
	< Back Yes After submitting this response, please wait for the confirmation number.	
Convicts © 2000, 2010, Matingal A	sociation of State Workforce Agencies. All Rights Reserved.	20
Copyright © 2008 - 2018, National As	sociation of State Workforce Agencies. All Rights Reserved.	

Click [Yes] to submit your response and you will see a **CONFIRMATION** page, sample below, which provides your confirmation number. Keep this confirmation number in your files. The confirmation number will also appear at the top of the PDF under the <u>View/Print</u> link. We strongly recommend you print a copy of your submission for your records. You may also save an electronic copy of the PDF document; however the PDF document is deleted from the web site after 35 days.





You may print the Separation Response at any time by clicking the <u>View/Print</u> link. It will display in Adobe PDF format and can be printed from an Adobe Acrobat reader. You will be able to see all information you entered up to the time of printing as well as the information on the Separation Request.

6 Amending a Submitted Response

After you submit a response, it remains on the SIDES E-Response website for 35 days from the date of the request; during that period you can correct the response or add additional information. However, any changes made to the response <u>after the due date for submission</u> to the requesting state agency may or may not be used in determining the individual's eligibility for unemployment benefits depending on state policy.

To amend a response, log-in to E-Response using the appropriate PIN (either a permanent PIN issued by the state to which the response was submitted or a one-time PIN linked to the request for which the response was submitted.) Identify the case on the SEPARATION INFORMATION REQUESTS page and click [Create Amendment]. You will then see the same series of screens that were presented when you created your submitted response. Make whatever changes are needed on those screens. Before submitting the Amended Response, you will be asked to explain why you are amending your previous submission and what has changed. See sample **AMENDED RESPONSE** page below.

SIDES E-Response	FEIN: 22222222 Sein: 222222222	Sign out
Users Guide	Response for SSN: 560-34-8476 Claim Number: 388620 Name: Wilson, Jim Request Date: 08/16/2018 Date Due: 08/27/2018 Claim Effective Date: 10/02/2016 Amended Response	
 indicates a Reguired Field Enter all applicable information using the space provided. 	Amended Response Number 1 * Why is the response being amended and what changed? Save Main Menu	? Next >
Copyright © 2008 - 2018, National Associa	Go to Page Amended Response	18

