



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

**State Information Data Exchange System (SIDES)**

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October 23, 2019

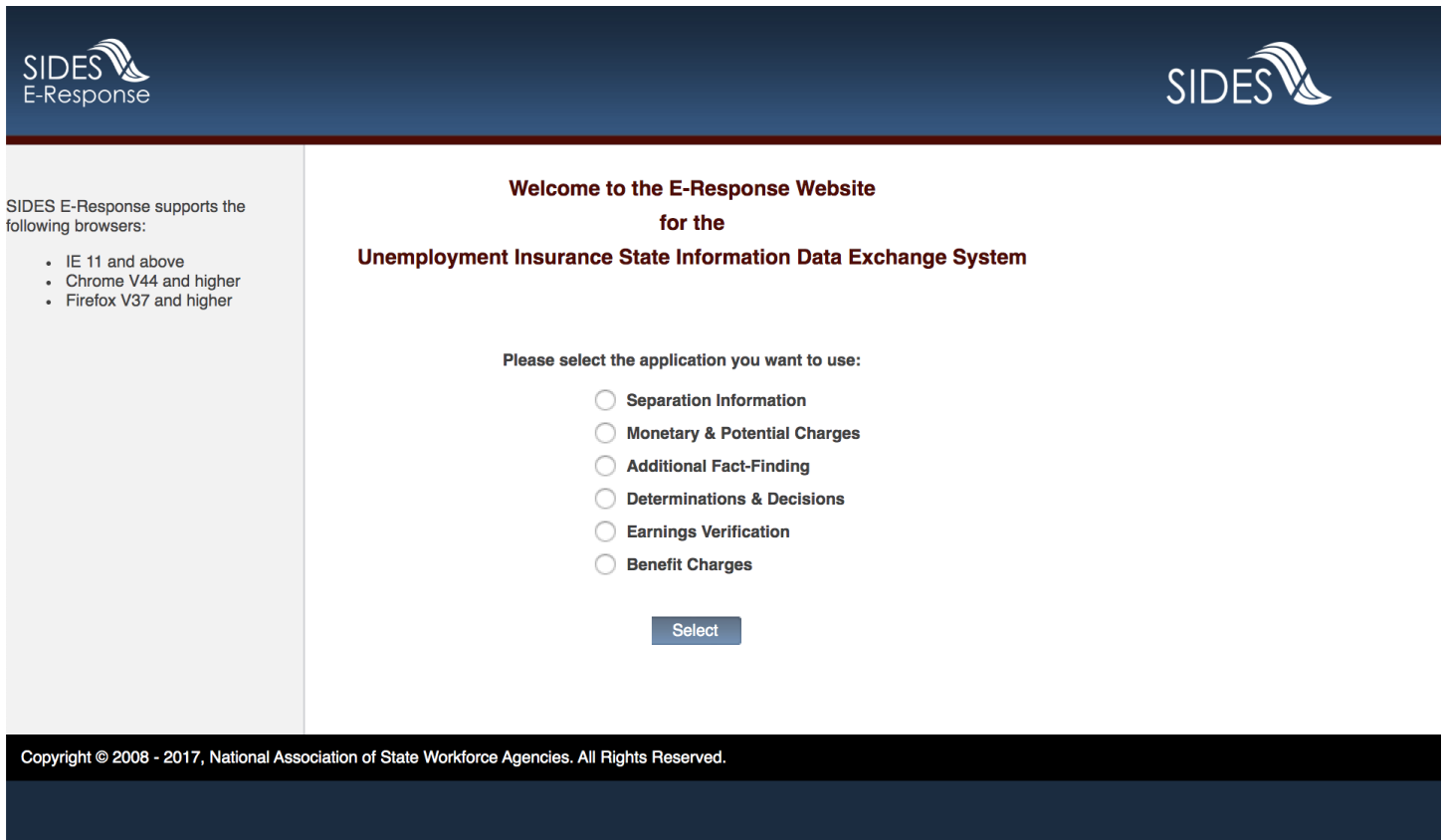
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# 1 Select E-Response Website



The screenshot shows the SIDES E-Response website. At the top, there is a dark blue header with the SIDES E-Response logo on the left and right. Below the header, the main content area is white. On the left side, there is a grey sidebar with text and a list of supported browsers. The main content area contains a welcome message, a list of application options with radio buttons, and a 'Select' button. At the bottom, there is a dark blue footer with copyright information.

**SIDES E-Response**

SIDES E-Response supports the following browsers:

- IE 11 and above
- Chrome V44 and higher
- Firefox V37 and higher

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



Please select the application you want to use:

- Separation Information
- Monetary & Potential Charges
- Additional Fact-Finding
- Determinations & Decisions
- Earnings Verification
- Benefit Charges

Select

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## 2 Login Page



[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

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

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

### Separation Information Application, Response Entry

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

\*State:  ?

\* Federal Employer Identification Number:  ?

\*State Employer Identification Number:  ?

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


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

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13.204 - Build 8a2ebaf

# 3 Separation Information Requests Page

## 3.1 Requests Page



FEIN: 99-9999999  
SEIN: 999999999

Sign out

---


Search by SSN: (Omit Dashes)

Search

### Separation Information Requests

Separation Information Requests for PIN:

Order by: Due Date Ascending



[Users Guide](#)

[Help with E-Response](#)

Select a Separation Information Request to Create, Edit, Delete, or View/Print a Response.

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 Amendment"** to edit an amended response that has not yet been submitted.

Select **"Delete Amendment"** to delete an amended response that has not yet been submitted.

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

SSN: 560-34-8478	Response Status: Submitted	View/Print View/Print - Submitted 10/22/2019
Name: <b>Wilson, Brian S</b> Date Due: 11:59 PM Eastern on 11/05/2019	<a href="#">Create Amendment</a>	
SSN: 560-34-8478	Response Status: In Progress	View/Print
Name: <b>Wilson, Brian S</b> Date Due: 11:59 PM Eastern on 11/05/2019	<a href="#">Edit Response</a> <a href="#">Delete Response</a>	
SSN: 560-34-8478	Response Status: In Progress	View/Print
Name: <b>Wilson, Brian S</b> Date Due: 11:59 PM Eastern on 11/05/2019	<a href="#">Edit Response</a> <a href="#">Delete Response</a>	
SSN: 560-34-8478	Response Status: Not Started	View/Print
Name: <b>Wilson, Brian S</b> Date Due: 11:59 PM Eastern on 11/05/2019	<a href="#">Create Response</a>	
SSN: 560-34-8478	Response Status: In Progress	View/Print
Name: <b>Wilson, Brian S</b> Date Due: 11:59 PM Eastern on 11/05/2019	<a href="#">Edit Response</a> <a href="#">Delete Response</a>	

---

Separation Information Requests for other PINs with this FEIN:


Order by: Due Date Ascending

SSN: 000-98-9002	Response Status: In Progress	View/Print
Name: <b>Oldboots, John M</b> Date Due: 11:59 PM Eastern on 09/24/2019	<a href="#">Edit Response</a> <a href="#">Delete Response</a>	

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13.204 - Build 8a2ebaf - 20.31

# Search page

FEIN: 99-9999999  
SEIN: 999999999Sign out

### Search Results


Search by SSN: (Omit Dashes)

Separation Information Request Results for PIN and SSN 000989002

No separation requests found for this PIN.

Separation Information Request Results For Other Pins and SSN 000989002

Order by:

SSN: <b>000-98-9002</b>	Response Status: <b>In Progress</b>	 <a href="#">View/Print</a>
Name: <b>Oldboots, John M</b>	<input data-bbox="711 657 862 678" type="button" value="Edit Response"/>	
Date Due: <b>11:59 PM Eastern on 09/24/2019</b>	<input data-bbox="711 688 862 709" type="button" value="Delete Response"/>	

[Users Guide](#)

[Help with E-Response](#)

Select a Separation Information Request to Create, Edit, Delete, or View/Print a Response.

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 Amendment**" to edit an amended response that has not yet been submitted.

Select "**Delete Amendment**" to delete an amended response that has not yet been submitted.

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

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2.1

13.204 - Build Be2ebef - 29:43



# 4 Claimant and Employer Identification

FEIN: 99-9999999  
SEIN: 999999999

[Sign out](#)

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Claimant and Employer Identification

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

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

TPA = Third Party Administrator

<b>Requesting State</b>		<b>Claimant Provided Information</b>	
State:	CA	SSN:	560-34-8478
Agency:	Park Oaks	Name:	Wilson, Brian S
Phone:	(608) 526-4400	Other Last Name Used:	WILLIAMS
Fax:	(608) 526-9394	State Claim Number:	388620
		Benefit Year Begin Date:	10/02/2018
		Type of Claim:	New Initial Claim

<b>Employer Information</b>		<b>Information of Record</b>	
Employer Name:	JC PENNEY COMPANY INC		
State Employer Account Number:	0065560		
Federal Employer Identification Number:	79-4741844		
Employer Type:	Lag Quarter Employer		

Check here if employer Information is incorrect

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

**Employer Status**

Check here if claimant did NOT work for this employer

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

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


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

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13.204 - Build 8a2ebaf - 29.44

3

## 4.1 Path 20/21

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Claimant and Employer Identification

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

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

TPA = Third Party Administrator

#### Requesting State

State: **CA**  
Agency: **Park Oaks**  
Phone: **(608) 526-4400**  
Fax: **(608) 526-9394**

#### Claimant Provided Information

SSN: **560-34-8478**  
Name: **Wilson, Brian S**  
Other Last Name Used: **WILLIAMS**  
State Claim Number: **388620**  
Benefit Year Begin Date: **10/02/2018**  
Type of Claim: **New Initial Claim**

#### Employer Information

	Information of Record
Employer Name:	<b>JC PENNEY COMPANY INC</b>
State Employer Account Number:	<b>0065560</b>
Federal Employer Identification Number:	<b>79-4741844</b>
Employer Type:	<b>Lag Quarter Employer</b>

Check here if employer Information is incorrect  
 Check here if the claimant worked under any other SSN or Name

#### Employer Status

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

Cancel

Save

Main Menu

Next >

Go to Page Claimant and Employer Identification

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3

13.204 - Build 8a2ebaf - 29-44

## 4.1.1 Warning on Selection of Path 20/21 If Not Previously Selected

The screenshot displays the SIDES E-Response interface. At the top left is the logo for SIDES E-Response. At the top right, the FEIN (99-9999999) and SEIN (999999999) are listed, along with a 'Sign out' button. On the left side, there is a navigation menu with 'Users Guide' and 'Help with E-Response'. The main content area is titled 'Employer Status Change' and contains a warning message: 'You have chosen to change the "Employer Status in Relation to this Claim" to Claimant Did Not Work For Employer . Any questions you have previously answered, except those on the Claimant and Employer Information screen will be removed from the system.' Below the message are two buttons: 'Cancel' and 'Continue'. At the bottom of the page, there is a footer with the copyright notice 'Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.' and the page number '3.1'.

SIDES  
E-Response

FEIN: 99-9999999  
SEIN: 999999999

Sign out

Users Guide

Help with E-Response

### Employer Status Change

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


Any questions you have previously answered, except those on the Claimant and Employer Information screen will be removed from the system.

Cancel Continue

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13.204 - Build 8e2ebef - 29:42

## 4.1.2 Preparer Information



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Preparer Information

**Enter Information:**  
 Employer  TPA/Employer Representative

\*Who is providing this response?  
\* What is the TPA/Employer Representative company name?  
\*Name of the person preparing this response:  
\* Job title of the person preparing this response:  
\* Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes or spaces)  
\*Preparer's e-mail address:  
Preparer's Fax number: (Only digits, omit parenthesis, dashes or spaces)

< Back      Cancel      Save      Main Menu      Next >

Go to Page  Go

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3.203 - Build 8a2aba1 - 28-00

### 4.1.3 Additional Information – 20

**SIDES E-Response** FEIN: 99-9999999 SEIN: 999999999 Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Separation Information

\* You have indicated the claimant has never worked for this employer. Please enter any information you may have about this individual. For example, claimant chose not to work after company was purchased, never heard of this person, claimant worked on-site for a temporary service; if so, please give temporary service information.

< Back Cancel Save Main Menu Next >

Go to Page Additional Separation Information Go

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13.204 - Build 8e2ebef - 29-28

### 4.1.4 Additional Information - 21

**SIDES E-Response** FEIN: 99-9999999 SEIN: 999999999 Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Separation Information

\* You have indicated you do not represent this employer. Please enter any additional information. For example, we represented this employer until (date).


< Back Cancel Save Main Menu Next >

Go to Page Additional Separation Information Go

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13.203 - Build 8e2ebef - 29-53

## 4.1.5 Submission

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

 [View/Print](#)

[< Back](#)

[Main Menu](#)

[Submit to State](#)

[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.


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13.204 - Build 6e2ebef - 28/06

# 5 Common Pages (not including Path 20/21)

## 5.1 Claimant and Employer Information

FEIN: 99-9999999  
SEIN: 999999999Sign out

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

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

TPA = Third Party Administrator

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Claimant and Employer Identification

#### Requesting State

State: **CA**  
Agency: **Park Oaks**  
Phone: **(608) 526-4400**  
Fax: **(608) 526-9394**

#### Claimant Provided Information

SSN: **560-34-8478**  
Name: **Wilson, Brian S**  
Other Last Name Used: **WILLIAMS**  
State Claim Number: **388620**  
Benefit Year Begin Date: **10/02/2018**  
Type of Claim: **New Initial Claim**

#### Employer Information

Employer Name: **JC PENNEY COMPANY INC**  
State Employer Account Number: **0065560**  
Federal Employer Identification Number: **79-4741844**  
Employer Type: **Lag Quarter Employer**

#### Information of Record

Check here if employer Information is incorrect  
 Check here if the claimant worked under any other SSN or Name

#### Employer Status

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


Go to Page

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3

13.204 - Build 8e2ebef - 29/44

## 5.2 Claimant and Employer Identification Change

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Claimant and Employer Identification Change

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

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

Claimant Information	Information of Record	Corrections (if different)
SSN:	560-34-8478	<input type="text"/>
Claimant Name used to file claim:	Wilson, Brian S	<input type="text"/>
Other Name Used:	WILLIAMS	<input type="text"/>

Employer Information	Information of Record	Corrections (if different)
Employer Name:	JC PENNEY COMPANY INC	<input type="text"/>
State Employer Account Number:	0065560	<input type="text"/>
Federal Employer Identification Number:	79-4741844	<input type="text"/>

< Back

Cancel

Save

Main Menu

Next >

Go to Page  Go

TPA = Third Party Administrator


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3.2

19.204 - Build 8e2ebef - 29/45



## 5.3 Claimant Identification Change



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Claimant Identification Change

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

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

Claimant Information	Information of Record	Corrections (if different)
SSN:	560-34-8478	<input type="text"/> ?
Claimant Name used to file claim:	Wilson, Brian S	
Other Name Used:	WILLIAMS	<input type="text"/> ?

< Back      Cancel      Save      Main Menu      Next >


Go to Page  Go

TPA = Third Party Administrator

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19.204 - Build 8e2ebef - 29/52

## 5.4 Employer Identification Change

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Employer Identification Change

Users Guide

Help with E-Response

\* indicates a Required Field

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

Employer Information	Information of Record	Corrections (if different)
Employer Name:	JC PENNEY COMPANY INC	<input type="text"/>
State Employer Account Number:	0065560	<input type="text"/>
Federal Employer Identification Number:	79-4741844	<input type="text"/>

< Back

Cancel

Save

Main Menu

Next >

Go to Page  Go


TPA = Third Party Administrator

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3.2

13.204 - Build 8e2ebef - 29/47

## 5.5 Preparer Information



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Preparer Information

**Enter Information:**  
 Employer  TPA/Employer Representative

\*Who is providing this response?  
\* What is the TPA/Employer Representative company name?  
\*Name of the person preparing this response:  
\* Job title of the person preparing this response:  
\* Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes or spaces)  
\*Preparer's e-mail address:  
Preparer's Fax number: (Only digits, omit parenthesis, dashes or spaces)


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Users Guide  
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\* indicates a Required Field  
TPA = Third Party Administrator

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3.203 - Build Be2ebel - 28-00

## 5.6 Change Reason of Separation

FEIN: 99-9999999  
SEIN: 999999999Sign out

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[Help with E-Response](#)

**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 may be deleted. However, all general information entered on screens that precede the Reason for Separation screen shall remain.

### 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?

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6.1

## 6 Path Pages

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

#### 6.1.1 Employment Information



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Employment Information


Save completed successfully.



\* indicates a Required Field

Enter all applicable information using the space provided.

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

Claimant Provided Reason for Separation:

First day of work:  

\* Last day of work:   

Was this seasonal employment according to state law?  
 Yes  No

\* Does the claimant have reasonable expectation of returning to work for you?  
 Yes  No


Claimant's Job Title:

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## 6.1.2 Wages Earned/Hours Worked



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Wages Earned/Hours Worked

\* Are total earned wages available for 04/03/2019 thru 04/10/2019?

\* Are total weeks worked available for 04/03/2019 thru 04/10/2019?

What were the total wages earned after 10/02/2016?

What were the total hours worked after 10/02/2016?

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## 6.1.3 Compensation Paid After Separation

FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation Paid After Separation

[Users Guide](#)

[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 average number of hours the claimant worked per week?

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

< Back


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Save
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Next >

Go to Page Compensation Paid After Separation ▾ Go

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## 6.1.4 Compensation After Separation - Severance



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Severance

[Users Guide](#)

[Help with E-Response](#)

\* 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?  Yes  No

\* 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?

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## 6.1.5 Compensation After Separation - Separation Pay



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Separation Pay

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's separation pay after separation?

\* What is the amount of the separation pay per period?

\* What date will or was the separation pay paid?

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## 6.1.6 Compensation After Separation – Vacation Pay

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Vacation Pay

**\* indicates a Required Field**

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's vacation pay after separation?

\* What is the amount of the vacation pay per period?


\* What date will or was the vacation pay paid?

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## 6.1.7 Compensation After Separation – Holiday Pay

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Holiday Pay

**\* indicates a Required Field**

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's holiday pay after separation?

\* What is the amount of the holiday pay per period?


\* What date will or was the holiday pay paid?

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## 6.1.8 Compensation After Separation – Profit Sharing

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Profit Sharing

**\* indicates a Required Field**

Enter all applicable information using the space provided.

N/A: Not Available

\* Was the profit sharing pay allocated to a specific period of time?  Yes  No

\* What is the frequency of the claimant's profit sharing pay after separation?

\* What is the amount of the profit sharing pay per period?


\* What date will or was the profit sharing pay paid?

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## 6.1.9 Compensation After Separation – Bonus Pay

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Bonus Pay

**\* indicates a Required Field**

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's bonus pay after separation?

\* What is the amount of the bonus pay per period?


\* What date will or was the bonus pay paid?

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## 6.1.10 Compensation After Separation – Wages in Lieu of Notice

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Wages In Lieu Of Notice

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

\* indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

\* Was the wages in lieu of notice pay allocated to a specific period of time?  Yes  No

\* What is the frequency of the claimant's wages in lieu of notice pay after separation?

\* What is the amount of the wages in lieu of notice pay per period?

\* What date will or was the wages in lieu of notice pay paid?


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## 6.1.11 Compensation After Separation – Back Pay

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Back Pay

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

\* indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's back pay after separation?

\* What is the amount of the back pay per period?

\* What date will or was the back pay paid?


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## 6.1.12 Compensation After Separation – Residual Pay



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Residual Pay

**\* indicates a Required Field**

Enter all applicable information using the space provided.  
N/A: Not Available

Yes  No

**\* Was the residual pay allocated to a specific period of time?**

**\* What is the frequency of the claimant's residual pay after separation?** Select One

**\* What is the amount of the residual pay per period?**

**\* What date will or was the residual pay paid?**


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## 6.1.13 Compensation After Separation – Commissions



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Commissions

**\* indicates a Required Field**

Enter all applicable information using the space provided.  
N/A: Not Available

Yes  No

**\* Was the commissions pay allocated to a specific period of time?**

**\* What is the frequency of the claimant's commissions pay after separation?** Select One

**\* What is the amount of the commissions pay per period?**

**\* What date will or was the commissions pay paid?**


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## 6.1.14 Compensation After Separation – Sick Pay

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Sick Pay

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's sick pay after separation?

\* What is the amount of the sick pay per period?

\* What date will or was the sick pay paid?


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## 6.1.15 Compensation After Separation - Disability

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Disability

[Users Guide](#)

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\* indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's disability pay after separation?

\* What is the amount of the disability pay per period?

\* What date will or was the disability pay paid?

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## 6.1.16

## Compensation After Separation – Not Listed Above

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Not Listed Above

[Users Guide](#)

[Help with E-Response](#)

**\* indicates a Required Field**


Enter all applicable information using the space provided.

N/A: Not Available

\* Was the not listed above pay allocated to a specific period of time?  Yes  No

\* What is the frequency of the claimant's not listed above pay after separation?

\* What is the amount of the not listed above pay per period?

\* What date will or was the not listed above pay paid?  

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## 6.1.17 Pension

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Pension

Users Guide

Help with E-Response

\* indicates a Required Field

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

\* What is the frequency of the claimant's pension pay after separation?

\* What is the amount of the pension pay per period?

\* What date will or was the pension pay paid?

If the claimant is drawing a company pension:

\* Was starting the company pension mandatory?  Yes  No

\* Did the claimant contribute to the pension?  Yes  No

Provide any additional information about the claimant's pension:

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## 6.1.18

# Compensation After Separation Summary



FEIN: 99-9999999  
SEIN: 999999999

Sign out

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\* indicates a Required Field

Enter all applicable information using the space provided.

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation Summary

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="checkbox"/>	Severance	\$1,200.00	Weekly	10/01/2019		
<input type="checkbox"/>	Separation	\$123.00	Daily	10/02/2019		
<input type="checkbox"/>	Vacation	\$50.00	Daily	10/09/2019	10/01/2019	10/07/2019
<input type="checkbox"/>	Holiday/Floating Holiday	\$500.00	Weekly	10/02/2019		
<input type="checkbox"/>	Pension	\$50.00	Daily	10/25/2019		
<input type="checkbox"/>	Profit Sharing	\$100.00	Weekly	10/01/2019		
<input type="checkbox"/>	Bonus Pay	\$500.00	Daily	10/03/2019		
<input type="checkbox"/>	Wages in Lieu of Notice	\$150.00	Daily	10/10/2019		
<input type="checkbox"/>	Back Pay Award	\$150.00	Bi-weekly	10/10/2019		
<input type="checkbox"/>	Residual Payments	\$150.00	Monthly	10/01/2019		
<input type="checkbox"/>	Commissions	\$250.00	Quarterly	10/09/2019		
<input type="checkbox"/>	Sick Pay	\$100.00	Daily	10/09/2019	10/01/2019	10/05/2019
<input type="checkbox"/>	Disability	\$25.00	Daily	10/09/2019		
<input type="checkbox"/>	Not Listed Above	\$135.00	Daily	10/03/2019		

Edit

Delete

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Compensation After Separation Summary

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## 6.1.19 Delete Confirmation (Compensation After Separation)

FEIN: 99-9999999  
SEIN: 999999999Sign out

[Users Guide](#)

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\* indicates a Required Field

Enter all applicable information using the space provided.

### Delete Confirmation

You have chosen to delete your entry for Severance compensation after separation.


**Warning:** If you delete the Severance data previously entered for this claimant, all of the Severance data will be removed and your answer on the Compensation Paid After Separation page will be changed to "No" indicating that the claimant will not receive Severance compensation on or after the last day of work.

Do you want to continue?

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## 6.1.20 View / Edit (Compensation After Separation)

FEIN: 99-9999999  
SEIN: 999999999Sign out

[Users Guide](#)

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\* indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### View/ Edit Sick Pay

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

\* What is the beginning date for the sick pay allocation?

\* What is the ending date for the sick pay allocation?

\* What is the frequency of the claimant's sick pay after separation?


\* What is the amount of the sick pay per period?

\* What date will or was the sick pay paid?

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## 6.1.21 Attachments

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Attachments

[Users Guide](#)

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\* indicates a Required Field

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.

To add an attachment(s), click on the Add Attachments button and select all the files you want to attach.

**Add additional attachment information to each attachment.**  
Repeat as needed.

To **remove an Attachment** click on the Delete button.

\* Do you have any attachments which support your statement regarding the Reason for Separation?  Yes  No

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

[Add Attachments](#)

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## 6.1.22 Additional Separation Information



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

Please enter any additional information regarding the Temporary Layoff Employer Separation Reason.

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## 6.2 Separation Reason Codes 3 and 15 Path

### 6.2.1 Employment Information

**SIDES**  
E-Response

FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

**Employment Information**

\* indicates a Required Field

Enter all applicable information using the space provided.

\* Employer's Reason for Claimant's Separation: **Fired/Discharged**

Claimant Provided Reason for Separation: Vacation/Holiday Shutdown

First day of work:

\* Last day of work: **10/01/2019**

If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation:

Was this seasonal employment according to state law?  Yes  No

Claimant's Job Title: **EVP**


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## 6.2.2 Wages Earned/Hours Worked



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Wages Earned/Hours Worked

\* indicates a Required Field

\* Are total earned wages available for 04/03/2019 thru 04/10/2019?

\* Are total weeks worked available for 04/03/2019 thru 04/10/2019?

What were the total wages earned after 10/02/2016?

What were the total hours worked after 10/02/2016?

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## 6.2.3 Compensation Paid After Separation

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\* indicates a Required Field

Enter all applicable information using the space provided.

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation Paid After Separation

What was the claimant's average weekly wage?

What was the average number of hours the claimant worked per week?

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

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## 6.2.4 Compensation After Separation - Severance

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Severance

[Users Guide](#)

[Help with E-Response](#)

\* 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?  Yes  No

\* 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?


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13.204 - Build 6a2e6e1 - 29:41

## 6.2.5 Compensation After Separation Summary

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation Summary

Users Guide

Help with E-Response

\* indicates a Required Field

Enter all applicable information using the space provided.

◀

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="checkbox"/>	Severance	\$1,200.00	Weekly	10/01/2019		

Edit Delete

< Back

Cancel

Save

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Go to Page Compensation After Separation Summary Go


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7.1

6.203 - Build Be20061 - 29-50



## 6.2.6 Discharge or Disciplinary Suspension



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Discharge or Disciplinary Suspension

\* Why was the claimant discharged or suspended?

What was the date of the final incident?

Describe the final incident that caused the discharge or suspension?

Did the claimant violate company policy?  Yes  No

Who discharged or suspended the claimant?

What is the title of the person?


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

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## 6.2.7 Prior Incidents



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Prior Incidents

\* indicates a Required Field

Enter the Prior Incident. To add attachments to support the Prior Incident, click on the Add Attachments button to bring up a dialog where you can attach the document desired.

If another Prior Incident is to be reported, click on the Additional Incident button.

To remove a Prior Incident when you have two or more incidents reported, click the Delete Incident button. To delete the initial incident, please choose No on the Prior Incident question on the previous page.

\* What was the date of the prior incident?

\* Describe the prior incident:

\* Did the claimant receive a warning regarding this incident?  Yes  No

[Additional Attachments](#)

[Additional Incident](#)

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## 6.2.8 Additional Discharge Information

### 6.2.8.1 Additional Discharge Information – Discharge Reason Not Qualified/Inadequate Performance

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Discharge Information

Please enter any additional information regarding the reason for discharge. For example, how was the performance inadequate, what duties was the claimant not qualified to perform?

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## 6.2.8.2 Additional Discharge Information – Discharge Reason Absenteeism/Lateness



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Discharge Information

Please enter any additional information regarding the reason for discharge due to absences or tardiness.


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### 6.2.8.3 Additional Discharge Information – Discharge Reason Failed To Follow Instructions/Policy/Contract

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Discharge Information

Please enter any additional information regarding the reason for discharge for failure to follow Instructions/Policy/Contract. For example, specifically what instructions/policy/contract did the claimant fail to follow?

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### 6.2.8.4 Additional Discharge Information – Discharge Reason Drugs and Alcohol

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Discharge Information

Please enter any additional information regarding the reason for discharge for drugs and alcohol. For example, was the claimant tested? If yes, results of the test? How did you become aware that claimant was using drugs or alcohol? Were the drugs or alcohol used during business hours?

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## 6.2.8.5 Additional Discharge Information – Discharge Reason Dishonesty/Theft, Felony or Misdemeanor, Violation of Law, Criminal, Illegal Acts, Property Damage, Fighting

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Discharge Information

Please enter any specific information regarding the request for discharge.

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## 6.2.8.6 Additional Discharge Information – Discharge Reason Medical

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Discharge Information

Please enter any additional information regarding the reason for discharge for medical reasons.

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## 6.2.8.7 Additional Discharge Information – Discharge Reason Failed Employment Requirements

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Discharge Information

Please enter any additional information regarding the reason for discharge for failing employment requirements. For example, what specific requirements did the claimant fail? Had the requirements changed?

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## 6.2.8.8 Additional Discharge Information – Discharge Reason Not Listed Above



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### "Not Listed Above" Discharge Information

\* You have indicated that the reason for separation was not listed. Please give detailed specifics regarding the reason the claimant is no longer employed.

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Go to Page "Not Listed Above" Discharge Information      Go

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## 6.2.9 Attachments

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Attachments

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

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.

To add an attachment(s), click on the Add Attachments button and select all the files you want to attach.

**Add additional attachment information to each attachment.**  
Repeat as needed.

To **remove an Attachment** click on the Delete button.

\* Do you have any attachments which support your statement regarding the Reason for Separation?  Yes  No

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## 6.3 Separation Reason Code 5 Path

### 6.3.1 Employment Information

**SIDES**  
E-Response

FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Employment Information

Save completed successfully.

\* indicates a Required Field

Enter all applicable information using the space provided.

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

Claimant Provided Reason for Separation:

First day of work:

\* Last day of work:

Was this seasonal employment according to state law?  Yes  No

Claimant's Job Title:


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## 6.3.2 Asked to Resign

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Asked to Resign

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Enter all applicable information using the space provided.

\* Why was the claimant asked to resign?

What was the date of the final incident?

Describe the final incident that caused the claimant to be asked to resign?

Did the claimant violate company policy?  Yes  No

Who asked the claimant to resign?

What is the title of the person?

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


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### 6.3.3 Prior Incidents



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Prior Incidents

\* indicates a Required Field

Enter the Prior Incident. To add attachments to support the Prior Incident, click on the Add Attachments button to bring up a dialog where you can attach the document desired.

If another Prior Incident is to be reported, click on the Additional Incident button.

To remove a Prior Incident when you have two or more incidents reported, click the Delete Incident button. To delete the initial incident, please choose No on the Prior Incident question on the previous page.

\* What was the date of the prior incident?

\* Describe the prior incident:

\* Did the claimant receive a warning regarding this incident?  Yes  No

[Additional Attachments](#)

[Additional Incident](#)


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## 6.3.4 Additional Discharge Information



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Discharge Information

Provide information regarding the resignation:


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## 6.3.5 Wages Earned/Hours Worked



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Wages Earned/Hours Worked

\* indicates a Required Field

\* Are total earned wages available for 04/03/2019 thru 04/10/2019?

\* Are total weeks worked available for 04/03/2019 thru 04/10/2019?

What were the total wages earned after 10/02/2016?

What were the total hours worked after 10/02/2016?

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## 6.3.6 Compensation Paid After Separation

FEIN: 99-9999999  
 SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
 Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

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**\* indicates a Required Field**

Enter all applicable information using the space provided.

<

### Compensation Paid After Separation

What was the claimant's average weekly wage?

What was the average number of hours the claimant worked per week?

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


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## 6.3.7 Compensation After Separation - Severance



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### 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?  Yes  No

\* 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?

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## 6.3.8 Pension



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Pension

\* indicates a Required Field

- \* Was the pension pay allocated to a specific period of time?  Yes  No
- \* What is the frequency of the claimant's pension pay after separation?
- \* What is the amount of the pension pay per period?
- \* What date will or was the pension pay paid?

If the claimant is drawing a company pension:

- \* Was starting the company pension mandatory?  Yes  No
- \* Did the claimant contribute to the pension?  Yes  No

Provide any additional information about the claimant's pension:


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## 6.3.9 Compensation After Separation Summary



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation Summary

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="checkbox"/>	Severance	\$1,200.00	Weekly	10/01/2019		
<input type="checkbox"/>	Pension	\$50.00	Daily	10/25/2019		

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## 6.3.10 Attachments

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Attachments

\* Do you have any attachments which support your statement regarding the Reason for Separation?  Yes  No

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\* indicates a Required Field

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.

To add an attachment(s), click on the Add Attachments button and select all the files you want to attach.

**Add additional attachment information to each attachment.**  
Repeat as needed.

To **remove an Attachment** click on the Delete button.


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## 6.3.11 Additional Separation Information

### 6.3.11.1 Additional Separation Information – Asked to Resign Reason - Not Qualified/Inadequate Performance



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Separation Information

\* Please enter any additional information regarding the request for resignation. For example, how was the performance inadequate, what duties was the claimant not qualified to perform?


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## 6.3.11.2 Additional Separation Information – Asked to Resign Reason – Absenteeism/Lateness



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

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\* indicates a Required Field

\* Please enter any additional information not already provided regarding the request for resignation due to absences or tardiness.

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### 6.3.11.3 Additional Separation Information – Asked to Resign Reason – Failed to Follow Instructions/Policy/Contract



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Separation Information

\* indicates a Required Field

\* Please enter any additional information regarding the reason for the request for resignation for failure to follow Instructions/Policy/Contract. For example, specifically what instructions/policy/contract did the claimant fail to follow?


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## 6.3.11.4 Additional Separation Information – Asked to Resign Reason – Drugs and Alcohol



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

Users Guide

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\* indicates a Required Field

\* Please enter any additional information regarding the request for resignation for drugs and alcohol. For example, was the claimant tested? If yes, results of the test? How did you become aware that claimant was using drugs or alcohol? Were the drugs or alcohol used during business hours?

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Cancel Save Main Menu Next >

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Select Main Menu to return to the Non-Monetary Separation Determination Requests (main menu) page without Saving your work

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### 6.3.11.5 Additional Separation Information – Asked to Resign Reason – Dishonesty/Theft, Felony or Misdemeanor, Violation of Law, Criminal, Illegal Acts, Property Damage, Fighting



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Additional Separation Information

\* indicates a Required Field

\* Please enter any specific information regarding the request for resignation.

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## 6.3.11.6 Additional Separation Information – Asked to Resign Reason – Medical

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

\* Please enter any additional information regarding the request for resignation for medical reasons. For example, was the claimant under the care of a doctor? Were there other duties the claimant could have performed? Could the claimant have been placed on a leave of absence?

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## 6.3.11.7 Additional Separation Information – Asked to Resign Reason – Failed Employment Requirements



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

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\* indicates a Required Field

\* Please enter any additional information regarding the request for resignation for failing employment requirements. For example, what specific requirements did the claimant fail? Had the requirements changed?

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## 6.3.11.8 Additional Separation Information – Asked to Resign Reason - Not Listed Above

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

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\* indicates a Required Field

\* You have indicated that the reason for separation was not listed. Please give detailed specifics regarding the reason the claimant is no longer employed.

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## 6.3.12 Submission

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

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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.

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## 6.4 Separation Reason Codes 6 and 14 (Retirement – Voluntary)

### 6.4.1 Employment Information

**SIDES**  
E-Response

FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Employment Information

\* indicates a Required Field

Enter all applicable information using the space provided.

\* Employer's Reason for Claimant's Separation: **Voluntary Quit/Separation**

Claimant Provided Reason for Separation: **Vacation/Holiday Shutdown**

First day of work:

\* Last day of work: **10/01/2019**

If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation:

Was this seasonal employment according to state law?  Yes  No

Claimant's Job Title: **EVP**


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13.204 - Build 8e2ebef - 29:34

## 6.4.2 Wages Earned/Hours Worked

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Wages Earned/Hours Worked

[Users Guide](#)  
[Help with E-Response](#)  
\* indicates a Required Field

\* Are total earned wages available for 04/03/2019 thru 04/10/2019?

\* Are total weeks worked available for 04/03/2019 thru 04/10/2019?

What were the total wages earned after 10/02/2016?


What were the total hours worked after 10/02/2016?

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13.204 - Build 6a2e9e1 - 29.44

## 6.4.3 Voluntary Quit



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting?

\* Provide additional information about the reason the claimant gave for quitting:

\* Was continuing work available?  Yes  No

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


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

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## 6.4.3.1 Voluntary Quit – No Reason Given

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

Users Guide

Help with E-Response

\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting?

No Reason Given

\* Please enter any additional information regarding the claimant's leaving with no reason given. For example, no specific reason was given but coworker stated claimant moved, claimant had a disagreement with supervisor and never returned.

\* 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

\* Did the claimant take actions to avoid quitting?

Yes  No

?

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## 6.4.3.2 Voluntary Quit – To Seek or Accept Other Employment



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

[Users Guide](#)

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**\* indicates a Required Field**

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting? To Seek or Accept Other Employment

\* Please enter any additional information regarding the claimant's leaving to seek or accept other employment. For example, reason (or why) claimant is seeking other employment, (example) to move, dissatisfied with the hours (what are the hours) or pay.

\* 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

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

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### 6.4.3.3 Voluntary Quit – Due to Health Reasons

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Voluntary Quit

Users Guide

Help with E-Response

\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting?

Due to Health Reasons

\* Please enter any additional information regarding the claimant's leaving due to health reasons. For example, was claimant advised by a medical professional that he/she could no longer work, what were the duties the claimant could not perform, could the claimant have performed other duties within the company?

Text input area for additional information.

\* 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

\* Did the claimant take actions to avoid quitting?

Yes  No

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## 6.4.3.4 Voluntary Quit – Due to Job Dissatisfaction



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting?

\* Please enter any additional information regarding the claimant's leaving due to job dissatisfaction. For example, what part of the job was the claimant dissatisfied, claimant did not like working weekends or were there other hours available?

\* Was continuing work available?  Yes  No

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

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


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## 6.4.3.5 Voluntary Quit – In Lieu of Discharge

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

Users Guide

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\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting?

In Lieu of Discharge

\* Please enter any additional information regarding the claimant's leaving in lieu of discharge. For example, why was the claimant going to be discharged?

\* 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

\* Did the claimant take actions to avoid quitting?

Yes  No

?

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## 6.4.3.6 Voluntary Quit – Personal Reasons

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

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\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting? Personal Reasons

\* Please enter any additional information available regarding the claimant's leaving for personal reasons. For example, claimant was moving, completed a training program and was looking for work in that field, or is going to school.

\* 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

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

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## 6.4.3.7 Voluntary Quit – Failure to Report for Work/Abandonment

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

Users Guide

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\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting?

Failure to Report for Work/Abandonment

\* Please enter any additional information regarding the claimant's failure to report to work. For example, claimant was incarcerated and did not report or call, claimant told a fellow employee he got another job.

\* 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

\* Did the claimant take actions to avoid quitting?

Yes  No

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## 6.4.3.8 Voluntary Quit – Retirement

**SIDES**  
E-Response

FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

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\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting? Retirement

\* Please enter any additional information regarding the claimant's retirement.

\* 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

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

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## 6.4.3.9 Voluntary Quit – Working Conditions

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

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\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting? Working Conditions

\* Please enter any additional information regarding the claimant's leaving due to working conditions. For example, claimant left work because of a transfer to another store, claimant felt conditions were dangerous (please explain).

\* 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

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

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## 6.4.3.10 Voluntary Quit – Not Listed Above

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Voluntary Quit

Users Guide

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\* indicates a Required Field

Enter all applicable information using the space provided.

\* What reason did the claimant give for quitting?

Not Listed Above

\* You have indicated that the reason for separation was not listed. Please give detailed specifics regarding the reason the claimant is no longer employed.

Text input area for providing details on the reason for separation.

\* 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

\* Did the claimant take actions to avoid quitting?

Yes  No

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## 6.4.4 Additional Discharge Information – In Lieu of Discharge Voluntary Quit Reason



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Discharge Information

Provide information pertaining to the voluntary quit in lieu of discharge:


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## 6.4.5 Compensation Paid After Separation



FEIN: 99-9999999  
SEIN: 999999999

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**\* indicates a Required Field**

Enter all applicable information using the space provided.

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation Paid After Separation

What was the claimant's average weekly wage?

What was the average number of hours the claimant worked per week?

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

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## 6.4.6 Compensation After Separation – Vacation Pay



FEIN: 99-9999999  
 SEIN: 999999999  
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\* indicates a Required Field

Enter all applicable information using the space provided.

N/A: Not Available

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
 Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Vacation Pay

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

\* What is the frequency of the claimant's vacation pay after separation?

\* What is the amount of the vacation pay per period?


\* What date will or was the vacation pay paid?

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## 6.4.7 Compensation After Separation Summary



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\* indicates a Required Field

Enter all applicable information using the space provided.

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
 Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation Summary

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="checkbox"/>	Vacation	\$50.00	Daily	10/09/2019	10/01/2019	10/07/2019


Edit Delete

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## 6.4.8 Attachments

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Attachments

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**\* indicates a Required Field**

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.

To add an attachment(s), click on the Add Attachments button and select all the files you want to attach.

**Add additional attachment information to each attachment.**  
Repeat as needed.

To **remove an Attachment** click on the Delete button.

\* Do you have any attachments which support your statement regarding the Reason for Separation?  Yes  No

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## 6.4.9 Additional Separation Information

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

Please enter any additional information regarding the Voluntary Quit/Separation Employer Separation Reason.

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## 6.4.10 Submission

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

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Submit to State

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.

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## 6.5 Separation Reason Code 14 Path (Retirement – Mandatory)

### 6.5.1 Employment Information



FEIN: 22-2222222  
SEIN: 222222222

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

### Employment Information

Save completed successfully.

\* Employer's Reason for Claimant's Separation: Retirement - Mandatory

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

First day of work: Claimant Provided: 12/26/1989

\* Last day of work: Claimant Provided: 03/16/2018

Was this seasonal employment according to state law?  Yes  No

Claimant's Job Title: Director IT security and compl


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## 6.5.2 Wages Earned/Hours Worked



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Wages Earned/Hours Worked

\* Are total earned wages available for 04/03/2019 thru 04/10/2019?

\* Are total weeks worked available for 04/03/2019 thru 04/10/2019?

What were the total wages earned after 10/02/2016?

What were the total hours worked after 10/02/2016?

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## 6.5.3 Compensation Paid After Separation

FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation Paid After Separation

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\* indicates a Required Field

Enter all applicable information using the space provided.

What was the claimant's average weekly wage?

What was the average number of hours the claimant worked per week?

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

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## 6.5.4 Compensation After Separation – Severance



FEIN: 99-9999999  
 SEIN: 999999999  
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**\* indicates a Required Field**

Enter all applicable information using the space provided.

N/A: Not Available

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
 Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Severance

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

\* 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?

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## 6.5.5 Compensation After Separation Summary



FEIN: 99-9999999  
 SEIN: 999999999  
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**\* indicates a Required Field**

Enter all applicable information using the space provided.

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
 Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation Summary

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="checkbox"/>	Severance	\$1,200.00	Weekly	10/01/2019		


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## 6.5.6 Additional Separation Information

FEIN: 99-9999999  
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Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

\* Why was the claimant required to retire? (For example, claimant could not perform his job, company sold and all employees eligible had to retire, disciplinary reasons (please explain))

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## 6.5.7 Attachments

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Attachments

\* Do you have any attachments which support your statement regarding the Reason for Separation?  Yes  No

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\* indicates a Required Field

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Repeat as needed.

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## 6.5.8 Submission

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

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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.


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## 6.6 Separation Reason Code 9, 10, 11, 18, and 19 Path

### 6.6.1 Employment Information



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Employment Information

**\* indicates a Required Field**

Enter all applicable information using the space provided.

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

Claimant Provided Reason for Separation:

First day of work:

\* Last day of work:

If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation:

Was this seasonal employment according to state law?  Yes  No

Claimant's Job Title:


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## 6.6.2 Wages Earned/Hours Worked



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Wages Earned/Hours Worked

\* Are total earned wages available for 04/03/2019 thru 04/10/2019?

\* Are total weeks worked available for 04/03/2019 thru 04/10/2019?

What were the total wages earned after 10/02/2016?

What were the total hours worked after 10/02/2016?

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## 6.6.3 Compensation Paid After Separation

FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

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**\* indicates a Required Field**

Enter all applicable information using the space provided.

<

### Compensation Paid After Separation

What was the claimant's average weekly wage?

What was the average number of hours the claimant worked per week?

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


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## 6.6.4 Compensation Paid After Separation – Holiday Pay



FEIN: 99-9999999  
 SEIN: 999999999  
 Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
 Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation - Holiday Pay

Users Guide

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**\* indicates a Required Field**

Enter all applicable information using the space provided.

N/A: Not Available

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

\* What is the frequency of the claimant's holiday pay after separation?

\* What is the amount of the holiday pay per period?


\* What date will or was the holiday pay paid?

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## 6.6.5 Compensation After Separation Summary



FEIN: 99-9999999  
 SEIN: 999999999  
 Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
 Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation After Separation Summary

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="checkbox"/>	Holiday/Floating Holiday	\$500.00	Weekly	10/02/2019		

Edit Delete


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## 6.6.6 Attachments

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Attachments

\* Do you have any attachments which support your statement regarding the Reason for Separation?  Yes  No

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Go to Page Attachments

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\* indicates a Required Field

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.

To add an attachment(s), click on the Add Attachments button and select all the files you want to attach.

**Add additional attachment information to each attachment.**  
Repeat as needed.


To **remove an Attachment** click on the Delete button.

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## 6.6.7 Additional Separation Information



FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

\* Please enter any additional information about whether the claimant is regularly working full-time.


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## 6.6.8 Submission




FEIN: 99-9999999  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

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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.

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## 6.7 Separation Reason Codes 99 Path

### 6.7.1 Employment Information

FEIN: 99-9999999Sign out  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

#### Employment Information

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\* indicates a Required Field

Enter all applicable information using the space provided.

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

Refuse To Provide

Claimant Provided Reason for Separation:

Vacation/Holiday Shutdown

First day of work:

Last day of work:

10/01/2019

If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation:

Was this seasonal employment according to state law?

Yes  No

Does the claimant have reasonable expectation of returning to work for you?

Yes  No

Claimant's Job Title:

EVP

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Employment Information


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## 6.7.2 Refuse to Provide Warning Page

FEIN: 99-9999999  
SEIN: 999999999Sign out

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**You have selected Separation Reason Code: "Refuse To Provide"**

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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## 6.7.2.1 Wages Earned/Hours Worked

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Wages Earned/Hours Worked

[Users Guide](#)

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\* indicates a Required Field

\* Are total earned wages available for 04/03/2019 thru 04/10/2019?

\* Are total weeks worked available for 04/03/2019 thru 04/10/2019?

What were the total wages earned after 10/02/2016?

What were the total hours worked after 10/02/2016?

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## 6.7.3 Compensation Paid After Separation

FEIN: 99-9999999  
SEIN: 999999999

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Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Compensation Paid After Separation

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**\* indicates a Required Field**

Enter all applicable information using the space provided.

What was the claimant's average weekly wage?

What was the average number of hours the claimant worked per week?

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


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## 6.7.4 Attachments

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Attachments

\* Do you have any attachments which support your statement regarding the Reason for Separation?  Yes  No

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\* indicates a Required Field

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.

To add an attachment(s), click on the Add Attachments button and select all the files you want to attach.

**Add additional attachment information to each attachment.**  
Repeat as needed.

To **remove an Attachment** click on the Delete button.


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## 6.7.5 Additional Separation Information

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Additional Separation Information

Please enter any additional information regarding the Refuse To Provide Employer Separation Reason.

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## 6.7.6 Submission

FEIN: 99-9999999  
SEIN: 999999999Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

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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.

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# 7 Amended Response

FEIN: 99-9999999Sign out  
SEIN: 999999999

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Amended Response

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\* indicates a Required Field

Enter all applicable information using the space provided.

Amended Response Number 1

\* Why is the response being amended and what changed? ?

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# 8 Submission

## 8.1 Submission Page

FEIN: 99-9999999  
SEIN: 999999999Sign out

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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: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

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## 8.1.1 Submission with Errors




FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 Claim Effective Date: 10/02/2016

### Submission

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Please correct the following errors:  
**[Additional Separation Information - Employer Separation Reason Comments are required.](#)**

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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.

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## 8.2 Submission Confirmation



FEIN: 99-9999999  
SEIN: 999999999

Sign out

Response for SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S  
Request Date: 10/23/2019 Date Due: 11/05/2019 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.](#)

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## 8.3 Confirmation



FEIN: 99-9999999  
SEIN: 999999999


Sign out

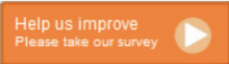
Response for: SSN: 560-34-8478 Claim Number: 388620 Name: Wilson, Brian S

### Confirmation

Your response has been accepted. Your confirmation number is:  
1029 0911 1a04 42b2 b2e0 c40b a104 792313

Please print or download this pdf and keep with your records.

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## 9 Logout



Logout

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