SIDES E-Response Screen Shots – Separation Information

State Information Data Exchange System (SIDES)

October 23, 2019
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6.3.2 Asked to Resign

6.3.3 Prior Incidents

6.3.4 Additional Discharge Information

6.3.5 Wages Earned/Hours Worked

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6.3.7 Compensation After Separation - Severance

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

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

6.3.11.6 Additional Separation Information – Asked to Resign Reason – Medical

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

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

6.3.12 Submission

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6.4.1 Employment Information

6.4.2 Wages Earned/Hours Worked

6.4.3 Voluntary Quit

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6.4.3.2 Voluntary Quit – To Seek or Accept Other Employment

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6.4.3.5 Voluntary Quit – Voluntary Resignation

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6.4.4 Employment Information

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6.4.6 Voluntary Quit

6.4.6.1 Voluntary Quit – No Reason Given

6.4.6.2 Voluntary Quit – To Seek or Accept Other Employment

6.4.6.3 Voluntary Quit – Other Reason

6.4.6.4 Voluntary Quit – Retirement

6.4.6.5 Voluntary Quit – Voluntary Resignation

6.4.6.6 Voluntary Quit – Other Reason

6.4.7 Submission
1 Select E-Response Website
2 Login Page

Separation Information Application, Response Entry

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

- State: Select One
- Federal Employer Identification Number:
- State Employer Identification Number:
- Identification Number/Access Code (PIN):

Return to the Main E-Response Selection Page
3 Separation Information Requests Page

3.1 Requests Page

Separation Information Requests

Separation Information Requests for PIN:

Order by: Due Date Ascending

<table>
<thead>
<tr>
<th>SSN</th>
<th>Name</th>
<th>Response Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>560-34-6478</td>
<td>Wilson, Brian S</td>
<td>Submitted</td>
<td>Create Amendment</td>
</tr>
<tr>
<td>Date Due: 11:59 PM Eastern on 11/05/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN</th>
<th>Name</th>
<th>Response Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>560-34-6478</td>
<td>Wilson, Brian S</td>
<td>In Progress</td>
<td>Edit Response</td>
</tr>
<tr>
<td>Date Due: 11:59 PM Eastern on 11/05/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN</th>
<th>Name</th>
<th>Response Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>560-34-6478</td>
<td>Wilson, Brian S</td>
<td>Not Started</td>
<td>Create Response</td>
</tr>
<tr>
<td>Date Due: 11:59 PM Eastern on 11/05/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN</th>
<th>Name</th>
<th>Response Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>560-34-6478</td>
<td>Wilson, Brian S</td>
<td>In Progress</td>
<td>Edit Response</td>
</tr>
<tr>
<td>Date Due: 11:59 PM Eastern on 11/05/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Separation information Requests for other PINs with this FEIN:

Order by: Due Date Ascending

<table>
<thead>
<tr>
<th>SSN</th>
<th>Name</th>
<th>Response Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-98-9002</td>
<td>Oldboots, John M</td>
<td>In Progress</td>
<td>Edit Response</td>
</tr>
<tr>
<td>Date Due: 11:59 PM Eastern on 09/24/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Requests remain on the SIDES E-Response Website for 35 days.
# 4 Claimant and Employer Identification

<table>
<thead>
<tr>
<th>Requesting State</th>
<th>Claimant Provided Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: CA</td>
<td>SSN: 560-34-8478</td>
</tr>
<tr>
<td>Agency: Park Oaks</td>
<td>Name: Wilson, Brian S</td>
</tr>
<tr>
<td>Phone: (608) 526-4400</td>
<td>Other Last Name Used: WILLIAMS</td>
</tr>
<tr>
<td>Fax: (608) 526-9394</td>
<td>State Claim Number: 388630</td>
</tr>
<tr>
<td></td>
<td>Benefit Year Begin Date: 10/02/2018</td>
</tr>
<tr>
<td></td>
<td>Type of Claim: New Initial Claim</td>
</tr>
</tbody>
</table>

**Employer Information**

- **Employer Name:** JC PENNEY COMPANY INC
- **State Employer Account Number:** 0065560
- **Federal Employer Identification Number:** 75-4761844
- **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
4.1 Path 20/21
4.1.1 Warning on Selection of Path 20/21 If Not PreviouslySelected

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.

[Buttons: Cancel, Continue]
4.1.2 Preparer Information

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)

Enter Information:

Employer  TPA/Employer Representative

Go to Page: Preparer Information

< Back  Cancel  Save  Main Menu  Next >
4.1.3 Additional Information – 20

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.

4.1.4 Additional Information - 21

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

Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information response to the State Unemployment Insurance office. You will receive a confirmation number on successful submission.

If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend, or click on the error message and you will be taken to the page where the correction needs to be made.
5 Common Pages (not including Path 20/21)

5.1 Claimant and Employer Information
5.2 Claimant and Employer Identification Change

![Image of SIDES E-Response page showing Claimant and Employer Identification Change form]

- **Claimant Information**
  - SSN: 560-34-8478
  - Claimant Name used to file claim: Wilson, Brian S
  - Other Name Used: WILLIAMS

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

The page includes options to cancel, save, or proceed to the next section, along with a button to go to the main menu.
5.3 **Claimant Identification Change**

![Claimant Identification Change Screen]

**Claimant Information**
- SSN: [Redacted]
- Claimant Name used to file claim: Wilson, Brian S
- Other Name Used: WILLIAMS

**Information of Record**
- SSN: 560-34-8478
- Claimant Name: Wilson, Brian S
- Other Name Used: WILLIAMS

**Corrections (if different)**
- [Redacted]
- [Redacted]
5.4 Employer Identification Change
5.5 Preparer Information
5.6 Change Reason of Separation

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?

Cancel  Continue

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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
6.1.2 Wages Earned/Hours Worked
6.1.3 Compensation Paid After Separation

Enter 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?
- Will the claimant receive any of the following compensation on or after the last day of work?

<table>
<thead>
<tr>
<th>Compensation Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holiday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit Sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages In Lieu of Notice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Listed Above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonus Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residual Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Pay</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Options:
- Yes
- No

Click 'Save' to submit your response.
6.1.4 Compensation After Separation - Severance

- Was the severance pay allocated to a specific period of time?
- What is the frequency of the claimant’s severance pay after separation?
- What is the amount of the severance pay per period?
- What date will or was the severance pay paid?

6.1.5 Compensation After Separation – Separation Pay

- Was the separation pay allocated to a specific period of time?
- 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?
6.1.6 Compensation After Separation – Vacation Pay

- Was the vacation pay allocated to a specific period of time?
- 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?

6.1.7 Compensation After Separation – Holiday Pay

- Was the holiday pay allocated to a specific period of time?
- 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?
6.1.8 Compensation After Separation – Profit Sharing

- Was the profit sharing pay allocated to a specific period of time?
- Was 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?

6.1.9 Compensation After Separation – Bonus Pay

- Was the bonus pay allocated to a specific period of time?
- Was 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?
6.1.10 Compensation After Separation – Wages in Lieu of Notice

6.1.11 Compensation After Separation – Back Pay
6.1.12 Compensation After Separation – Residual Pay

Was the residual pay allocated to a specific period of time?
Yes [ ] No [ ]

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?

6.1.13 Compensation After Separation – Commissions

Was the commissions pay allocated to a specific period of time?
Yes [ ] No [ ]

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?
6.1.14  Compensation After Separation – Sick Pay

- Was the sick pay allocated to a specific period of time?
- 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?

6.1.15  Compensation After Separation - Disability

- Was the disability pay allocated to a specific period of time?
- 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?
6.1.16 Compensation After Separation – Not Listed Above

Was the not listed above pay allocated to a specific period of time?
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?

Yes  No
Select One

Go to Page Compensation After Separation - Not Listed Above

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6.1.17 Pension

- Was the pension pay allocated to a specific period of time?
- 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?
- Did the claimant contribute to the pension?

Provide any additional information about the claimant's pension:
### Compensation After Separation Summary

#### Summary of Compensation after Separation

<table>
<thead>
<tr>
<th>Select</th>
<th>Type</th>
<th>Amount Per Period</th>
<th>Period Frequency</th>
<th>Date Issued</th>
<th>Employer Allocation Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Severance</td>
<td>$1,200.00</td>
<td>Weekly</td>
<td>10/01/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separation</td>
<td>$123.00</td>
<td>Daily</td>
<td>10/02/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vacation</td>
<td>$50.00</td>
<td>Daily</td>
<td>10/09/2019</td>
<td>10/01/2019</td>
<td>10/07/2019</td>
</tr>
<tr>
<td></td>
<td>Holiday/Floating Holiday</td>
<td>$500.00</td>
<td>Weekly</td>
<td>10/02/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pension</td>
<td>$50.00</td>
<td>Daily</td>
<td>10/25/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Profit Sharing</td>
<td>$100.00</td>
<td>Weekly</td>
<td>10/01/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bonus Pay</td>
<td>$500.00</td>
<td>Daily</td>
<td>10/03/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages in Lieu of Notice</td>
<td>$150.00</td>
<td>Daily</td>
<td>10/10/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Back Pay Award</td>
<td>$150.00</td>
<td>Bi-weekly</td>
<td>10/10/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residual Payments</td>
<td>$150.00</td>
<td>Monthly</td>
<td>10/01/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commissions</td>
<td>$250.00</td>
<td>Quarterly</td>
<td>10/09/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sick Pay</td>
<td>$100.00</td>
<td>Daily</td>
<td>10/09/2019</td>
<td>10/01/2019</td>
<td>10/05/2019</td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td>$25.00</td>
<td>Daily</td>
<td>10/09/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Listed Above</td>
<td>$135.00</td>
<td>Daily</td>
<td>10/03/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.1.19  Delete Confirmation (Compensation After Separation)

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?

Delete  Cancel

6.1.20  View / Edit  (Compensation After Separation)

View/ Edit Sick Pay

- Was the sick pay allocated to a specific period of time?
  - 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?

Yes  No
10/01/2019
10/05/2019
D = Daily
$100.00
10/05/2019

Save and Return  Cancel
6.1.21 Attachments

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

< Back  Cancel  Save  Main Menu  Next >

Go to Page  Attachments  3  Go
6.1.22 Additional Separation Information
6.2 Separation Reason Codes 3 and 15 Path

6.2.1 Employment Information
6.2.2 Wages Earned/Hours Worked

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

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

What were the weeks worked after 10/02/2016?

What were the total hours worked after 10/02/2016?
### 6.2.3 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:
  - Severance
  - Separation Pay
  - Vacation
  - Holiday
  - Profit Sharing
  - Wages In Lieu of Notice
  - Bonus Pay
  - Residual Pay
  - Commissions
  - Sick Pay
  - Disability
  - Back Pay
  - Yes
  - No

<table>
<thead>
<tr>
<th>Compensation</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation Pay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
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</tr>
<tr>
<td>Holiday</td>
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<td></td>
</tr>
<tr>
<td>Profit Sharing</td>
<td></td>
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</tr>
<tr>
<td>Wages In Lieu of Notice</td>
<td></td>
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<tr>
<td>Bonus Pay</td>
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<tr>
<td>Residual Pay</td>
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<td>Commissions</td>
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<tr>
<td>Sick Pay</td>
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</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Back Pay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*indicates a Required Field

Enter all applicable information using the space provided.
6.2.4 Compensation After Separation - Severance

- Was the severance pay allocated to a specific period of time?
- What is the frequency of the claimant's severance pay after separation?
- What is the amount of the severance pay per period?
- What date will or was the severance pay paid?
6.2.5 Compensation After Separation Summary

<table>
<thead>
<tr>
<th>Select</th>
<th>Type</th>
<th>Amount Per Period</th>
<th>Period Frequency</th>
<th>Date Issued</th>
<th>Employer Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Severance</td>
<td>$1,200.00</td>
<td>Weekly</td>
<td>10/01/2019</td>
<td></td>
</tr>
</tbody>
</table>

Review/Edit Entries.
6.2.6 Discharge or Disciplinary Suspension
6.2.7 Prior Incidents

Prior Incidents

- What was the date of the prior incident?
- Describe the prior incident:
- Did the claimant receive a warning regarding this incident? [Yes] [No]

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.
6.2.8 Additional Discharge Information

6.2.8.1 Additional Discharge Information – Discharge Reason Not Qualified/Inadequate Performance
6.2.8.2 Additional Discharge Information – Discharge Reason Absenteeism/Lateness
6.2.8.3 Additional Discharge Information – Discharge Reason Failed To Follow Instructions/Policy/Contract

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?

6.2.8.4 Additional Discharge Information – Discharge Reason Drugs and Alcohol

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

6.2.8.6 Additional Discharge Information – Discharge Reason Medical
6.2.8.7 Additional Discharge Information – Discharge Reason Failed Employment Requirements

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?
6.2.8.8 Additional Discharge Information – Discharge Reason 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.
6.2.9 Attachments
6.3  *Separation Reason Code 5 Path*

6.3.1 Employment Information
6.3.2 Asked to Resign
6.3.3 Prior Incidents
6.3.4 Additional Discharge Information
6.3.5  Wages Earned/Hours Worked
6.3.6 Compensation Paid After Separation
6.3.7 Compensation After Separation - Severance

- Was the severance pay allocated to a specific period of time?
- What is the frequency of the claimant's severance pay after separation?
- What is the amount of the severance pay per period?
- What date will or was the severance pay paid?
6.3.8 Pension
6.3.9 Compensation After Separation Summary
6.3.10 Attachments

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.
6.3.11 Additional Separation Information

6.3.11.1 Additional Separation Information – Asked to Resign Reason - Not Qualified/Inadequate Performance
6.3.11.2  Additional Separation Information – Asked to Resign Reason – Absenteeism/Lateness
6.3.11.3 Additional Separation Information – Asked to Resign Reason – Failed to Follow Instructions/Policy/Contract
6.3.11.4 Additional Separation Information – Asked to Resign Reason – Drugs and Alcohol

* 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?

Select Main Menu to return to the Non-Monetary Separation Determination Requests (main menu) page without Saving your work.
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
Additional Separation Information – Asked to Resign Reason – Medical
6.3.11.7 Additional Separation Information – Asked to Resign Reason – Failed Employment Requirements
6.3.11.8 Additional Separation Information – Asked to Resign Reason - Not Listed Above
6.3.12 Submission

Response for SSN: 560-34-8478  Claim Number: 386620  Name: Wilson, Brian S  
Request Date: 10/23/2019  Date Due: 11/05/2019  Claim Effective Date: 10/02/2016

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

6.4.1 Employment Information
6.4.2 Wages Earned/Hours Worked
6.4.3 Voluntary Quit
6.4.3.1 Voluntary Quit – No Reason Given

Voluntary Quit

- What reason did the claimant give for quitting?
- 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?
- 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?
6.4.3.2 Voluntary Quit – To Seek or Accept Other Employment

Voluntary Quit

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?

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

Yes No

Go to Page Voluntary Quit Go
6.4.3.3 Voluntary Quit – Due to Health Reasons

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?

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
6.4.3.4 Voluntary Quit – Due to Job Dissatisfaction

- What reason did the claimant give for quitting?
  - Due to Job Dissatisfaction

- 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?
- 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?
6.4.3.5 Voluntary Quit – In Lieu of Discharge
6.4.3.6 Voluntary Quit – Personal Reasons

Voluntary Quit

- What reason did the claimant give for quitting?
- 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?
- 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

Select One

Yes No

Go to Page Voluntary Quit 2
6.4.3.7 Voluntary Quit – Failure to Report for Work/Abandonment

Voluntary Quit

- 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 she got another job.

- Was continuing work available?
- 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?
6.4.3.8 Voluntary Quit – Retirement

Voluntary Quit

- 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
6.4.3.9 Voluntary Quit – Working Conditions
6.4.3.10  Voluntary Quit – Not Listed Above

Voluntary Quit – Not Listed Above

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.

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

Go to Page Voluntary Quit Go
6.4.4 Additional Discharge Information – In Lieu of Discharge Voluntary Quit Reason
6.4.5 Compensation Paid After Separation

[Image of a form with fields for compensation paid after separation]
6.4.6 Compensation After Separation – Vacation Pay

- Was the vacation pay allocated to a specific period of time?
- What is the frequency of the claimant's vacation pay per period?
- What date will or was the vacation pay paid?

6.4.7 Compensation After Separation Summary

<table>
<thead>
<tr>
<th>Select</th>
<th>Type</th>
<th>Amount Per Period</th>
<th>Period Frequency</th>
<th>Date Issued</th>
<th>Employer Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vacation</td>
<td>$50.00</td>
<td>Daily</td>
<td>10/09/2019</td>
<td>10/01/2019 - 10/07/2019</td>
</tr>
</tbody>
</table>
6.4.8 Attachments

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.
6.4.9 Additional Separation Information

Additional Separation Information

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

6.4.10 Submission

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

6.5.1 Employment Information
6.5.2 Wages Earned/Hours Worked
### 6.5.3 Compensation Paid After Separation

**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?
  - Severance
  - Separation Pay
  - Vacation
  - Holiday
  - Profit Sharing
  - Wages In Lieu of Notice
  - Bonus Pay
  - Residual Pay
  - Commissions
  - Sick Pay
  - Disability
  - Back Pay

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Severance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation Pay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holiday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit Sharing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages In Lieu of Notice</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bonus Pay</td>
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<td></td>
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<tr>
<td>Residual Pay</td>
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<td></td>
<td></td>
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<tr>
<td>Commissions</td>
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<tr>
<td>Sick Pay</td>
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<td></td>
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<tr>
<td>Disability</td>
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<td></td>
<td></td>
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<tr>
<td>Back Pay</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Indicates a Required Field

Enter all applicable information using the space provided.
6.5.4 Compensation After Separation – Severance

6.5.5 Compensation After Separation Summary
6.5.6 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))

6.5.7 Attachments

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

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

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.
6.5.8 Submission

Please view your Separation information. 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.
6.6 Separation Reason Code 9, 10, 11, 18, and 19 Path

6.6.1 Employment Information
6.6.2 Wages Earned/Hours Worked
### 6.6.3 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?

* Will or is the claimant receiving a company pension?

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

<table>
<thead>
<tr>
<th>Compensation Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holiday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit Sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages in Lieu of Notice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Listed Above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonus Pay</td>
<td></td>
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<tr>
<td>Residual Pay</td>
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<tr>
<td>Commissions</td>
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<td></td>
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<tr>
<td>Sick Pay</td>
<td></td>
<td></td>
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<tr>
<td>Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Pay</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*Indicates a Required Field*
6.6.4 Compensation Paid After Separation – Holiday Pay

6.6.5 Compensation After Separation Summary
6.6.6 Attachments

Do you have any attachments which support your statement regarding the Reason for Separation?

- Yes
- No

- Add Attachments button
- Select all files
- Add additional attachment information to each attachment
- Delete button
6.6.7  Additional Separation Information
6.6.8 Submission

Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information response to the State Unemployment Insurance office. You will receive a confirmation number on successful submission.

If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend, or click on the error message and you will be taken to the page where the correction needs to be made.
6.7 Separation Reason Codes 99 Path

6.7.1 Employment Information
6.7.2 Refuse to Provide Warning Page

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.

Cancel  Continue
6.7.2.1 Wages Earned/Hours Worked
6.7.3 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?

Will or is the claimant receiving a company pension?

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

- Severance
- Separation Pay
- Vacation
- Holiday
- Profit Sharing
- Wages in Lieu of Notice
- Bonus Pay
- Residual Pay
- Commissions
- Sick Pay
- Disability
- Back Pay

Enter all applicable information using the space provided.
6.7.4 Attachments

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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.
6.7.5 Additional Separation Information

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

6.7.6 Submission

Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information response to the State Unemployment insurance office. You will receive a confirmation number on successful submission.

If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend, or click on the error message and you will be taken to the page where the correction needs to be made.
7 Amended Response
8 Submission

8.1 Submission Page
8.1.1 Submission with Errors

Please correct the following errors:
Additional Separation Information - Employer Separation Reason Comments are required.
8.2 Submission Confirmation

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

Do you want to submit this response?

Yes

After submitting this response, please wait for the confirmation number.
8.3 Confirmation

Your response has been accepted. Your confirmation number is:
1029 0911 1a04 4b2b 2b0c 04b e10a 792313

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

Help us improve
Please take our survey

Main Menu
9 Logout

You have successfully logged out.

Continue