## CONTENTS

| 1 | Endnotes | Click where highlighted |
|---|----------|-------------------------|

## What is SIDES?

SIDES stands for the State Information Data Exchange System. It's a software tool that empowers states, employers, Third Party Administrators (TPAs) and Professional Employer Organizations (PEOs) to respond to unemployment insurance requests quickly, accurately, and securely. This guide shows employers how to respond to Separation Information requests.

## SIDES E-Response

SIDES E-Response is an online tool for employers to respond to state unemployment insurance requests quickly, accurately, and securely. Built specifically for ease of use, employers can log into the website and submit responses easily anytime, anywhere.

## Requirements

SIDES E-Response only requires an internet connection. There is no cost to use SIDES E-Response.

## Benefits

- Easy to use / consistent format
- Secure transmission of responses
- Reduces personnel time and effort
- Reduces UC contribution rates
- Enhances integrity of the UC program in PA

| | |
|---|---|
| pennsylvania<br>DEPARTMENT OF LABOR & INDUSTRY<br>OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS | **NOTICE OF SIDES SEPARATION** |

Date Mailed: MM/DD/YYYY

**Employer Name**
Street Address
City, State ZIP Code

Claimant:
CLAIMANT NAME
Claimant ID: 01234567

Claim Effective Date (BYB):
MM/DD/YYYY

Benefit Year Ending Date (BYE):
MM/DD/YYYY

# NOTIFICATION EMAIL  1

You have a Pennsylvania Unemployment Compensation (UC) SIDES E-Response Request(s) for Separation Information that requires a response. This request concerns an individual who has identified you as his/her separating employer when filing an application for Pennsylvania UC benefits. 34 PA Code §63.53(a) requires that an employer responds to Notices of Application and Requests for Separation Information within 4 business days.
Log on to https://uisides.org/ to view your SIDES E-Response request(s) and select the radio button for "Separation Information".

Employer Name: EMPLOYER NAME

Your FEIN will be in the following format: XXXXXXXXX (9 digits with no hyphen)

Your State Account Number will be in the following format: XXXXXXX (7 digits with no hyphen)

Your SIDES E-Response PIN is: 12345678

IF YOUR EMAIL ADDRESS CHANGES, you must IMMEDIATELY notify the Initial Claims Unit of the new email address. Contact us as follows:

- By email: PASIDES@pa.gov
- By FAX: 717-346-3174
- By phone: 717-783-0612

Providing a new email address to any other agency/office within the department does not guarantee that future notices of pending SIDES E-Response information requests will be sent to the new email address.

SIDES E-Response is the most efficient and timely way for you to provide information to the department that is relevant to an individual's UC claim. Your participation in the eligibility determination process helps the department prevent erroneous UC benefit payments that can affect your UC tax rate.

Under Act 75 of 2013, if an individual is overpaid UC benefits because the individual's employer or an agent of the employer failed to respond in a timely or adequate manner to a request by the department for information regarding the individual's eligibility for compensation, the employer's account will not be credited when the overpayment is established.

If you have any questions or need assistance, please contact the Initial Claims Unit by email at PASIDES@pa.gov or by phone at 717-783-0612.

*Auxiliary aids and services are available upon request to individuals with disabilities.*

# Pennsylvania
## Unemployment Compensation System

**Sign In/Register**

Forgot Username/Password?

En Español

**SINGLE SIGN ON** | 2

## Go to https://benefits.uc.pa.gov/

## Individual

Welcome to Pennsylvania's Unemployment Compensation (UC) system. Apply and manage your UC benefits anytime, anywhere. Self-Services available include:

- File or Reopen a Claim
- File for Weekly UC Benefits
- Check Claim Status
- View Benefit Payments
- File a Benefit Appeal

## Employers

The UC system provides employers a helpful online tool to manage UC benefit requests and account information. Self-Services available include:

- Respond to Requests, Fact-finding inquiries, and Trade Readjustment Allowances.
- View Determinations
- SIDES E-Response Portal

## Third Party Administrators

The UC System also offers TPAs the opportunity to manage UC benefit requests and account information on behalf of their clients. Self-Services available will vary depending on the TPA/Employer relationship.

1. Respond to Requests, Fact-finding inquiries, and Trade Readjustment Allowances.

**DIRECT LOG IN** →

Please enter your User Name and Password below before you continue. If you have not previously registered on this system, follow the instructions in the Create a User Account section to create a new account that allows you to access additional system features.
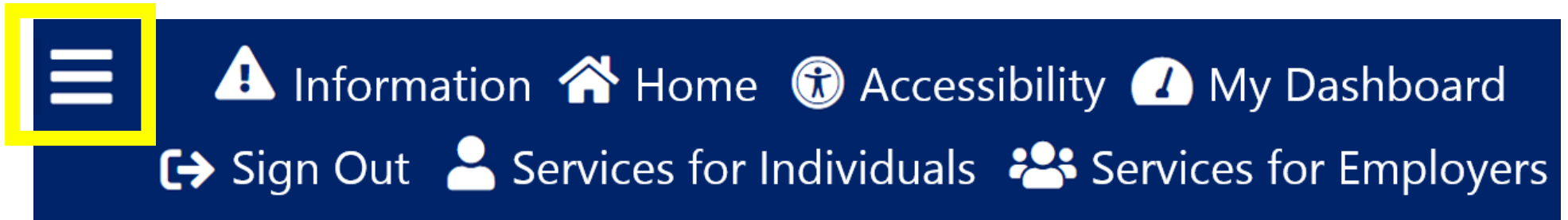
For help click the information icon next to each section.

## 🔒 Option 1 - Already Registered

## User Name:

[User Name]

## Password:

●●●●●●●●●●●

**Sign In**

**Welcome to My Employer Workspace [User Name], [View your Profile and Contact Information](#).**

This page introduces you to features available in the system, lets you customize the content you are interested in, and offers suggestions to you. Please make a suggestion from the items below.

**My Employer Dashboard**     Directory of Services



▼ **My Messages**

[0 Unread Messages](#)

[16 Read Messages](#)

[Enter the Message Center](#)

▼ **My Calendar**

◄◄ ◄ April 2022 ► ►►

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |

▼ **Unemployment Services**

[Provide Additional Documentation](#)
Upload documents that were requested during claim intake or fact finding.

[Claimant Separation Form](#)
The Statement of Potential Charges and Separation

Close X

**⊖ Employer Name**

**⊟→ Sign Out**

Search menu...          🔍  ☰

▽ **My Employer Workspace**

My Employer Dashboard

Directory of Services

▽ **Quick Menu**

Employer Resources          >

Employer Portfolio          >

▽ **Services for Employers**

Unemployment Services          >

▽ **Reports**

Detailed Reports
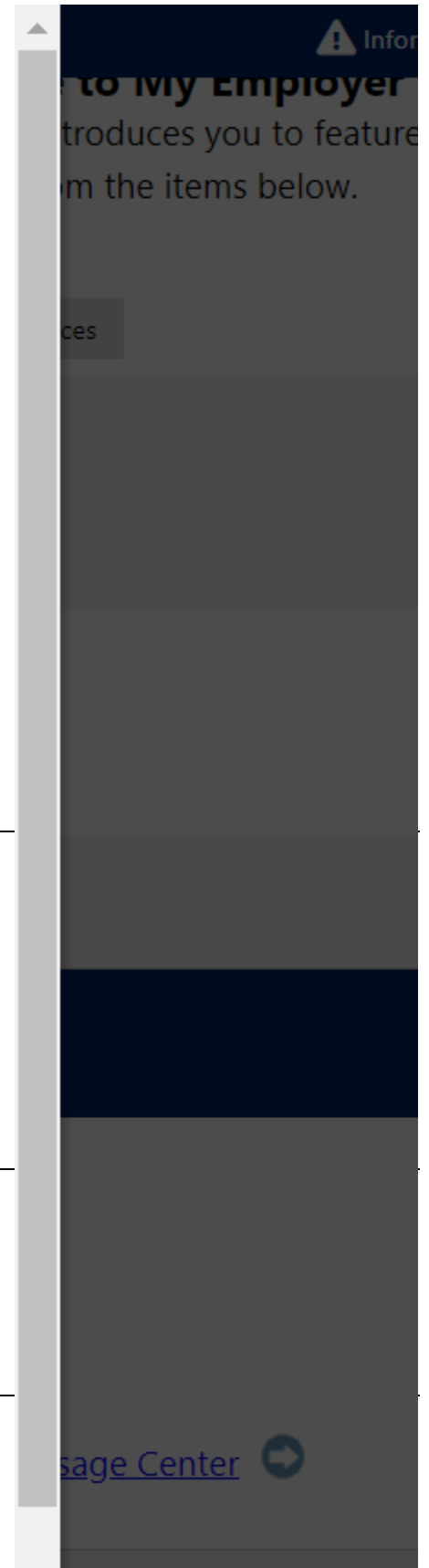
## Unemployment Services  ←|

Notice of Separation

Separation Notice Alleging Disqualification

Provide Additional Documentation

Appeals

Protest Potential Benefit

Mass Layoff

Labor/Non-Labor Disputes

Enter Trade Act Affected Employees

Complete TRA Request for Employment Information

▽ **SIDES E-Response**

Separation Information (SI)

View & Protest Employer Charges

Shared-Work Program

Pennsylvania's Unemployment C ✕ | 📄 SIDES SEW SI ✕ | +

← → C 🔒 https://uisides.org/sew-si-cas/

**SIDES E-Response**

State: PA
FEIN: 231234567
SEIN: 0012345

**Log Out**

User Guide

# Separation Information Requests

☐ Hide submitted records

| | Name ↕ | SSN ↕ | Due Date ▲ | Response Status ↕ |
|---|---|---|---|---|
| ■ | CLAIMANT NAME 1 | 000-00-0001 | MM/DD/YYYY | Not Started |
| ☐ | CLAIMANT NAME 2 | 000-00-0002 | MM/DD/YYYY | In Progress |
| ☐ | CLAIMANT NAME 3 | 000-00-0003 | MM/DD/YYYY | Submitted |
| ☐ | CLAIMANT NAME 4 | 000-00-0004 | MM/DD/YYYY | Not Started |

**CONTINUE** ➡

SIDES LOGIN ×   +

https://uisides.org/sew/#/

**DIRECT LOG IN**

SIDES
E-Response

Go to https://uisides.org
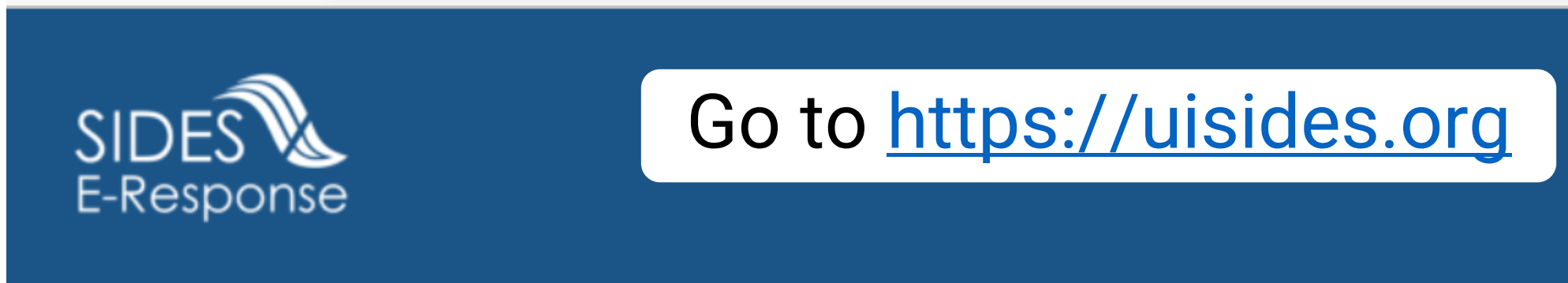
State:

Exchange:

Federal Employer Identification Number:

State Employer Identification Number:

Pin/Access Code:

Pennsylvania ▼

Oklahoma ▲
Oregon
Pennsylvania
Puerto Rico
Rhode Island ▼

**Log In**

Log in Assistance

Supported Browsers

SIDES E-Response

State:

Pennsylvania ▼

Exchange:

Separation Information ▼

Federal Employer Identification Number:

Select One

Separation Information

State Employer Identification Number:

Pin/Access Code:

Log In

Log in Assistance

Supported Browsers

**SIDES E-Response**

State:                                    | Pennsylvania ▼ |

Exchange:                                 | Separation Information ▼ |

Federal Employer Identification Number:    | 231234567 |

State Employer Identification Number:      | 0012345 |

                                          | 12345678 |

Pin/Access Code:

**Log In**

Log in Assistance

Supported Browsers

**SIDES E-Response**

**START RESPONSE**

State: PA
FEIN: 231234567
SEIN: 0012345

**Log Out**

User Guide

# Separation Information Requests

☐ Hide submitted records

| | Name ⇕ | SSN ⇕ | Due Date ▲ | Response Status ⇕ |
|---|---|---|---|---|
| ■ | CLAIMANT NAME 1 | 000-00-0001 | MM/DD/YYYY | Not Started |
| ☐ | CLAIMANT NAME 2 | 000-00-0002 | MM/DD/YYYY | In Progress |
| ☐ | CLAIMANT NAME 3 | 000-00-0003 | MM/DD/YYYY | Submitted |
| ☐ | CLAIMANT NAME 4 | 000-00-0004 | MM/DD/YYYY | Not Started |

State: PA

FEIN: 231234567

**Log Out**

SEIN: 0012345

User Guide

## Claim Details

| | | | |
|---|---|---|---|
| Name | CLAIMANT NAME 1 | SSN | 000-00-0001 |
| Claim Number | 0123456 | Claim Type | Regular UI, New Initial Claim |
| Claim Effective | MM/DD/YYYY | Request | MM/DD/YYYY |
| Benefit Year Begin | MM/DD/YYYY | Due | MM/DD/YYYY |
| | | Response Status | Not Started |
| | | View | Request - MM/DD/YYYY |

**Back**     **Enter Response**

State: PA

FEIN: 231234567

SEIN: 0012345

**Log Out**

**Requests**

User Guide  Help

Name: CLAIMANT NAME 1  SSN: 000-00-0001  Due: MM/DD/YYYY

**Employer**  Claimant  Separation  Wages/Payments  D ▶

**Employer**                                    Corrected

Employer Name     EMPLOYER NAME

FEIN                      231234567

SEIN                     0012345

Check if applicable.

☐ TPA/Employer Representative receiving this request DOES NOT represent this employer.

☐ PEO receiving this request DOES NOT represent this employer.

Save     Close     Next

**Employer** | **Claimant** | **Separation** | Wages/Payments | D ▶

**Claimant**                                              Corrected

SSN                    000-00-0001                    [                    ]

Name                  Claimant Name 1             [                    ]

Check if applicable.

☐ Claimant did NOT work for this employer.

☐ Claimant was a 1099 or contract employee.

☐ Employer is a Temporary Staffing Agency, and the claimant was working a temporary assignment.

☐ Employer believes this is a fraudulent claim.

Save          Close          Next

Employer | Claimant | Separation | **CLAIMANT DID NOT WORK FOR EMPLOYER** | 3

## Claimant                                      Corrected

SSN              000-00-0001

Name             Claimant Name 1

Check if applicable.

☑ Claimant did NOT work for this employer.

☐ Claimant was a 1099 or contract employee.

☐ Employer is a Temporary Staffing Agency, and the claimant was working a temporary assignment.

☐ Employer believes this is a fraudulent claim.

Save     Close     Next     CONTINUE

# **Claimant**                              Corrected

SSN                    000-00-0001

Name                   Claimant Name 1

Check if applicable.

**FRAUDULENT CLAIM**  **4**

☐ Claimant did NOT work for this employer.

☐ Claimant was a 1099 or contract employee.

☐ Employer is a Temporary Staffing Agency, and the claimant was working a temporary assignment.

* Potential identity theft ▼

☑ Employer believes this is a fraudulent claim.

| Select One |
| Potential identity theft |
| Claimant still working |
| Claimant deceased |
| Claimant incarcerated |
| Not listed above |

Back     Save     Close     Next     CONTINUE ➡

**Employer** | **Claimant** | **Separation** | Wages/Payments | D ▶

## Employment/Separation Information  5

\*Employer's Reason for claimant's separation          Select One ▼

Claimant's stated reason for separation          [Reason for Separation]

Claimant's stated job title          [Job Title]

Claimant's job title

Claimant reported first day of work          MM/DD/YYYY

What was the claimant's first day of work?

Claimant reported last day of work          MM/DD/YYYY

\*What was the last day claimant performed work?

Was this seasonal employment?          ☐ Yes   ☐ No

Back          Save          Close          Next

*Employer's Reason for claimant's separation

| Laid Off/Lack of Work ▼ |
| --- |

| | |
| --- | --- |
| Select One | ▲ |
| Temporary Layoff | |
| Laid Off/Lack of Work | **LACK OF WORK/LAYOFF** |
| Fired Discharge | |
| Vacation/Holiday Shutdown | |
| Asked to Resign | |
| Voluntary Quit | |
| Educational Institution Employee Between Semesters or Terms, Likely to Return | |
| Educational Institution Employee Between Semesters or Terms, Not Likely to Return | |
| Still Employed, Full-Time | |
| Still Employed, Part-Time | |
| Still Employed, Hours Reduced | |
| On Call/Temporary Status | |
| Leave of Absence | |
| Retirement | |
| Suspension | |
| Labor Dispute | |
| Professional Athlete Between Sports Seasons | **VOLUNTARY QUIT** |
| Disaster Related | |
| Not Listed Above | |
| Refuse To Provide | **FIRED / DISCHARGE** ▼ |

| Employer | Claimant | **Separation** | Wages/Payments | D ▶ |

# Employment/Separation Information

*Employe

Claimant'

Claimant'

Claimant'

Claimant

What was

Claimant

*What wa

Was this

| < | [Month] [Year] | > |

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

Laid Off/Lack of Work ▼

[Reason for Separation]

[Job Title]

MM/DD/YYYY

MM/DD/YYYY

☐ Yes   ☐ No

Back   Save   Close   Next

**Employer** **Claimant** **Separation** Wages/Payments D ▶

## Employment/Separation Information

*Employer's Reason for claimant's separation

| Laid Off/Lack of Work ▼ |

Claimant's stated reason for separation [Reason for Separation]

Claimant's stated job title [Job Title]

Claimant's job title [ ]

Claimant reported first day of work MM/DD/YYYY

What was the claimant's first day of work? [ ] 🗓

Claimant reported last day of work MM/DD/YYYY

*What was the last day claimant performed work? [ MM/DD/YYYY ] 🗓

Was this seasonal employment? ☐ Yes ☐ No

Back    Save    Close    Next

Employer | Claimant | **Separation** | Wages/Payments | D

# Additional Details

Enter any additional information regarding the Laid Off/Lack of Work

Back | Save | Close | Next | **CONTINUE**

Employer    Claimant    **Separation**    **CLAIMANT DID NOT WORK FOR EMPLOYER**

## Additional Details

You indicated the claimant has never worked for this employer. Enter any information you may have about this individual. For example, 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    Save    Close    Next    **CONTINUE** ➡

| Employer | Claimant | **Separation** | **VOLUNTARY QUIT** | **6** |
|---|---|---|---|---|

# Employment/Separation Information

*Employer's Reason for claimant's separation

| Voluntary Quit ▼ |
|---|

*What reason did the claimant give for quitting?

| Personal Reasons ▼ |
|---|
| Select One |
| No Reason Given |
| Seek or Accept Other Employment |
| Health Reasons |
| Job Dissatisfaction |
| In Lieu of Discharge |
| Personal Reasons |
| Failure to Report for Work/Abandonment |
| Retirement |
| Working Conditions |
| Not Listed Above |

Claimant's stated reason for separati

Claimant's stated job title

Claimant's job title

Claimant reported first day of work

What was the claimant's first day of

Claimant reported last day of work

*What was the last day claimant per work?

**Employer** | **Claimant** | **Separation** | **Wages/Payments** | **D** ▶

## Employment/Separation Information

*Employer's Reason for claimant's separation

> Voluntary Quit ▼

*What reason did the claimant give for quitting?

> Personal Reasons ▼

Claimant's stated reason for separation

> [Reason for Separation]

Claimant's stated job title

> [Job Title]

Claimant's job title

> [ ]

Claimant reported first day of work

> MM/DD/YYYY

What was the claimant's first day of work?

> [ ] 🗓

Claimant reported last day of work

> MM/DD/YYYY

*What was the last day claimant per work?

> MM/DD/YYYY 🗓

*Did the claimant become separated on the last day they performed work?

> ■ Yes  ☐ No

Back | Save | Close | **Next**

Employer　Claimant　**Separation**　Wages/Payments　D ▶

# Quit

## Personal Reasons

*Was continuing work available?　　■ Yes　☐ No

## *Hiring Agreement*

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

| No change ▼ |
|---|
| Select One |
| No Change |
| Hours |
| Job Duties |
| Rate of Pay |
| Job Location |
| Not Listed Above |

☐ Yes　■ No

## *Actions*

*Did the claimant take actions to avoid quitting?

Back　Save　Close　Next

Employer | Claimant | **Separation** | Wages/Payments | D ▶

# Notice

## Personal Reasons

*Did the claimant give notice?

Select One ▼

Select One
Yes
No
Unknown

Back | Save | Close | Next

Employer | Claimant | **Separation** | Wages/Payments | D ▶

# Additional Details

## Personal Reasons

Provide any additional information regarding the claimant's leaving for personal reasons. For example, care for family members, claimant was moving, completed training program, and was looking for work in that field or is going to school.

Back | Save | Close | Next | **CONTINUE** ➡

Employer  Claimant  Separa  **FIRED / DISCHARGE**  yments  D

**7**

## Employment/Separation Information

*Employer's Reason for claimant's separation

Fired/Discharged ▼

*Why was the cla

Not Qualified/Inadequate Performance ▼

Claimant's stated

Select One

Not Qualified/Inadequate Performance

Claimant's stated

Absenteeism/Tardiness

Claimant's job titl

Failed To Follow Instructions/Policy/Contract

Drugs

Claimant reported

Dishonesty

What was the clai

Failed Employment Requirements

Alcohol

Claimant reported

Theft

*What was the la

Felony/Misdemeanor, Violation of Law, Criminal, Illegal Acts

Property Damage

*Did the claimant

Physical/Verbal Altercation

on the last day th

Not Listed Above

| Employer | Claimant | **Separation** | Wages/Payments | D ▶ |

## Employment/Separation Information

*Employer's Reason for claimant's separation          [ Fired/Discharged ▼ ]

*Why was the claimant discharged?          [ Not Qualified/Inadequate Performance ▼ ]

Claimant's stated reason for separation          [Reason for Separation]

Claimant's stated job title          [Job Title]

Claimant's job title          [                    ]

Claimant reported first day of work          MM/DD/YYYY

What was the claimant's first day of work?          [                    ] 📅

Claimant reported last day of work          MM/DD/YYYY

*What was the last day claimant per work?          [ MM/DD/YYYY ] 📅

*Did the claimant become separated on the last day they performed work?          ■ Yes   ☐ No

Back          Save          Close          **Next**

Employer | Claimant | **Separation** | Wages/Payments | D ▶

# Discharge

## Not Qualified/Inadequate Performance

*Was the inadequate performance due to carelessness or negligence?        ☐ Yes   ☐ No

*Was the claimant able to meet the employer's performance expectations in the past?        ☐ Yes   ☐ No

## *Final Incident*

*What was the date of the final incident?        MM/DD/YYYY   🗓

*Describe in detail the final incident that caused the discharge.

[Describe the final incident]                                                                    ⁄⁄⁄

Back        Save        Close        Next

Employer    Claimant    **Separation**    Wages/Payments    D  ▶

# Violate Company Policy

## Not Qualified/Inadequate Performance

Did the claimant violate company policy?          ■ Yes   □ No

*Was the claimant aware of the policy or expected behavior?          ■ Yes   □ No

*How was the claimant informed of the policy or the expected behavior?

| Select One ▼ |
|---|
| Select One |
| Written |
| Verbal |
| Both |

Back     Save     Close     Next

Employer | Claimant | **Separation** | Wages/Payments | D ▶

# Who Discharged

## Not Qualified/Inadequate Performance

*Who discharged the claimant?

[Name]

*What is the job title of the person?

[Job Title]

Back | Save | Close | Next

Employer   Claimant   **Separation**   Wages/Payments   D ▶

# Prior Incidents

## Not Qualified/Inadequate Performance

*Were there prior incident(s)?   ■ Yes   ☐ No

*What was the date of the prior incident?   [MM/DD/YYYY] 📅

*Describe the prior incident.

[Describe the prior incident]

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

Add Another Prior Incident

Back   Save   Close   Next

Employer | Claimant | **Separation** | Wages/Payments | D ▶

# Additional Details

## Not Qualified/Inadequate Performance

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

[ text area ]

Back | Save | Close | Next | **CONTINUE** ➡

Employer | Claimant | **Separation** | **FRAUDULENT CLAIM** ▶

## Employment/Separation Information

*Employer's Reason for claimant's separation

> Still Employed, Full-Time ▼

Claimant's stated reason for separation

> [Reason for Separation]

Claimant's stated job title

> [Job Title]

Claimant's job title

Claimant reported first day of work

> MM/DD/YYYY

What was the claimant's first day of work?

Claimant reported last day of work

> MM/DD/YYYY

*What was the last day claimant performed work?

> [select today's date]

Was this seasonal employment?

☐ Yes   ☐ No

Back    Save    Close    Next

Employer | Claimant | **Separation** | Wages/Payments | D ▶

## Additional Details

Enter any additional information about whether the claimant is regularly working full-time.

[The individual listed did not file an application for UC benefits. This is a fraudulent claim]

Back | Save | Close | Next

**Employer** | **Claimant** | **Separation** | **Wages/Payments** | D ▶

# Weeks and Wage ⬚8⬚

\* Are total earned wages available for MM/DD/YYYY through MM/DD/YYYY?

| Wages not currently available ▼ |
|---|
| Select One |
| Wages are available |
| Wages not currently available |
| Wages not available, state should proceed without wages |

\* Are total weeks worked available for MM/DD/YYYY through MM/DD/YYYY?

| Weeks not currently available ▼ |
|---|
| Select One |
| Weeks are available |
| Weeks not currently available |
| Weeks not available, state should proceed without weeks |

Back     Save     Close     Next

# **Payment After Separation** 9

Total gross wages earned since MM/DD/YYYY?

* Did or will the claimant receive any compensation on or after the last day of work (excluding wages for hours worked)?

| Select One ▼ |
| --- |
| Select One |
| Yes |
| No |
| Unknown |

* Is or will the claimant receive a company pension and/or 401K disbursement?

| Select One ▼ |
| --- |
| Select One |
| Pension |
| 401K |
| Pension and 401K |
| No |
| Unknown |

Is (or was) the claimant receiving workers' compensation? ☐ Yes   ☐ No

Back   Save   Close   Next

tion | Wages/Payments | **Documentation** | Preparer | Rev

## Documentation 10

**\*** Do you have any documents supporting your response?    ☐ Yes    ■ No

Back    Save    Close    Next

CONTINUE →

tion | Wages/Payments | **Documentation** | Preparer | Revi

# Documentation

**\* Do you have any documents supporting your response?** ■ Yes ☐ No

Allowable file formats are csv, jpg, jpeg, pdf, rtf, tiff (tif), txt. The total size of all attachments is limited to 5 megabytes. Scanned PDFs may be too large. For information on how to reduce the size of a PDF click here.

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Allowable file formats are csv, jpg, jpeg, pdf, rtf, tiff (tif), txt. The total size of all attachments is limited to 5 megabytes. Scanned PDFs may be too large. 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. Show less.

---

Back | Save | Close | Next

tion | **Wages/Payments** | **Documentation** | Preparer | Rev

## Documentation

**\*** Do you have any documents supporting your response?   ■ Yes   ☐ No

Organize ▼

📄 Documents

🖼 Pictures

⬇ Downloads

📁 My Documents

💻 This PC

| | Name | Date Modified | Type | Size |
|---|---|---|---|---|
| 📄 | Employment Document 1 | MM/DD/YYYY HH:MM AM/PM | File Type | 300 KB |
| 📄 | Employment Document 2 | MM/DD/YYYY HH:MM AM/PM | File Type | 300 KB |
| 📄 | Employment Document 3 | MM/DD/YYYY HH:MM AM/PM | File Type | 300 KB |
| 📄 | Employment Document 4 | MM/DD/YYYY HH:MM AM/PM | File Type | 300 KB |
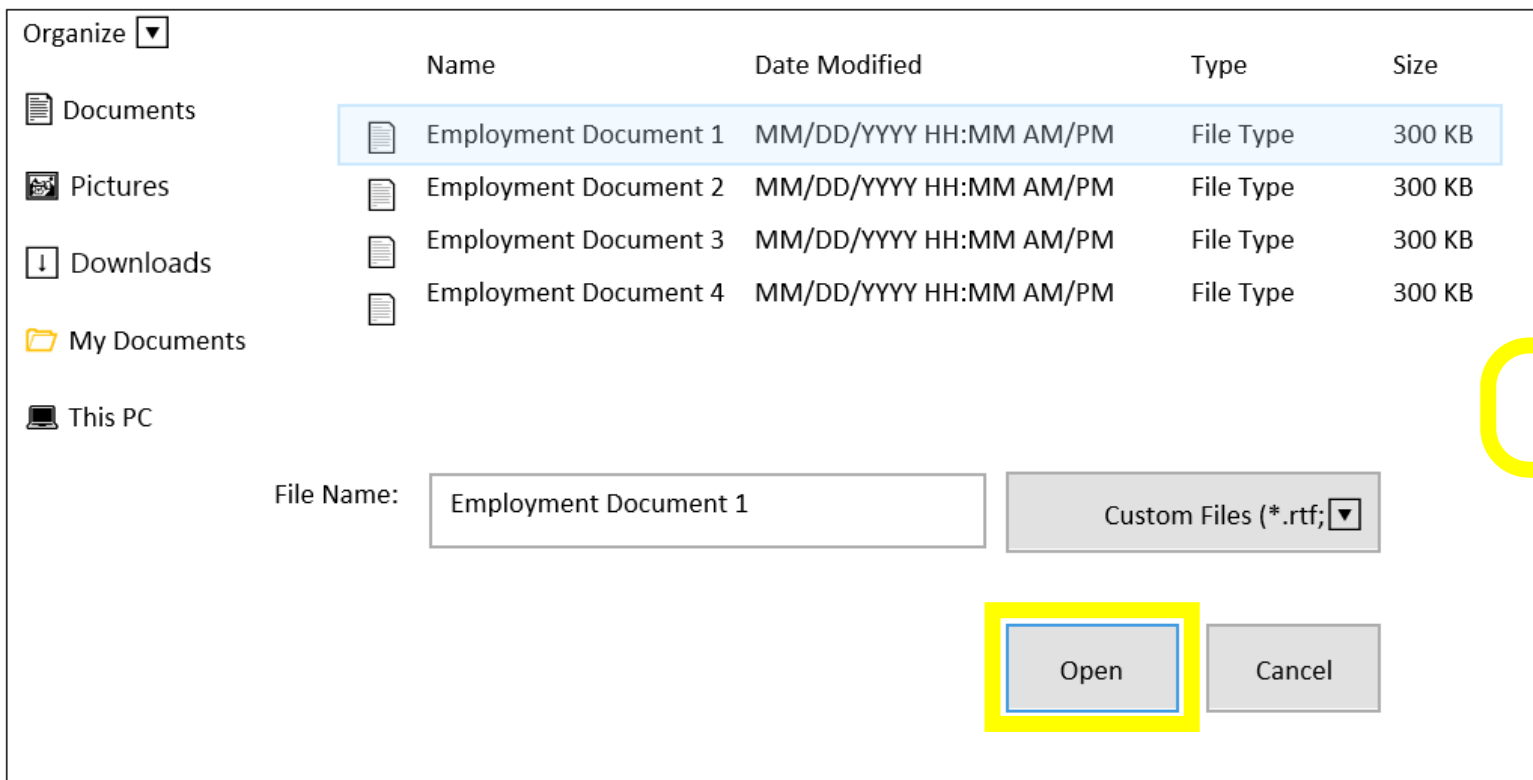
total size of all

o large. For

**Add Attachment**

File Name: | Employment Document 1 | Custom Files (*.rtf; ▼)

Open    Cancel

Back    Save    Close    Next

tion | Wages/Payments | **Documentation** | Preparer | Revi

# Documentation

**\* Do you have any documents supporting your response?** ■ Yes ☐ No

Allowable file formats are csv, jpg, jpeg, pdf, rtf, tiff (tif), txt. The total size of all attachments is limited to 5 megabytes. Scanned PDFs may be too large. For information on how to reduce the size of a PDF click here.

**\* Describe the Attachment**  [type description of attachment]  Browse  Delete

Employment Document 1 [file type]

(300,000 bytes)

Add Additional Attachment

Back  Save  Close  Next

| tion | Wages/Payments | Documentation | **Preparer** | Revi |
| --- | --- | --- | --- | --- |

# Preparer

| * Info Prepared By | ■ Employer ☐ TPA |
| --- | --- |
| * Name | [Name] |
| * Job Title | [Job Title] |
| * Phone | (555) 555-5555 |
| * Email | [Email] |
| Fax | |

Back  Save  Close  Next

/Payments  Documentation  Preparer  **Review Response**

# Review Response

Review your response before submitting:

View Response

Back  Close  Submit

SIDES
E-Response

CONFIRMATION

State: PA
FEIN: 231234567
SEIN: 0012345

**Log Out**

**Requests**

User Guide  Help

Name: CLAIMANT NAME 1        SSN: 123-45-6789        Due: MM/DD/YYYY

## Confirmation

Your response has been accepted. Your confirmation number is 0123-4567-8a9b-012c-3d45-6789-e123-456789

**Print or download a copy for your records.**

Response

Survey

Close

**SIDES E-Response**

State: PA

FEIN: 231234567

SEIN: 0012345

**Log Out**

User Guide

# Separation Information Requests

☐ Hide submitted records

| | Name ↕ | SSN ↕ | Due Date ▲ | Response Status ↕ |
|---|---|---|---|---|
| ■ | CLAIMANT NAME 1 | 000-00-0001 | MM/DD/YYYY | Submitted |
| ☐ | CLAIMANT NAME 2 | 000-00-0002 | MM/DD/YYYY | In Progress |
| ☐ | CLAIMANT NAME 3 | 000-00-0003 | MM/DD/YYYY | Submitted |
| ☐ | CLAIMANT NAME 4 | 000-00-0004 | MM/DD/YYYY | Not Started |

PDF OF RESPONSE 11

State: PA
FEIN: 231234567
SEIN: 0012345

Log Out

## Claim Details

| | | | |
|---|---|---|---|
| Name | CLAIMANT NAME 1 | SSN | 000-00-0001 |
| Claim Number | 0123456 | Claim Type | Regular UI, New Initial Claim |
| Claim Effective | MM/DD/YYYY | Request | MM/DD/YYYY |
| Benefit Year Begin | MM/DD/YYYY | Due | MM/DD/YYYY |
| | | Response Status | Not Started |
| | | View | Request - MM/DD/YYYY |
| | | | Submitted – MM/DD/YYYY |

Back    Enter Amendment 12

```
Name: Claimant Name 1
SSN: 123-45-6789          Due: MM/DD/YYYY
```

## Separation Information

| Confirmation | |
|---|---|
| Date/Time Submitted MM/DD/YYYY 00:00:00 AM EDT | Confirmation Number 0123 4567 8a9b 012c 3d45 6789 e123 456789 |

| State Request Information | |
|---|---|
| State | **PA** |

| Claim Detail | | | |
|---|---|---|---|
| ClaimEffective | MM/DD/YYYY | Claim Number | 0123456 |
| Claim Type | Regular UI, New Initial Claim | Request | MM/DD/YYYY |
| Benefit Year Begin | MM/DD/YYYY | | |

| Employer | |
|---|---|
| Employer | Employer Name |
| FEIN | 23-1234567 |
| SEIN | 0012345 |

| Employment Information/Separation Information | |
|---|---|
| Employer's reason for claimant's separation | Laid Off/Lack of Work |
| Claimant's reported reason for separation | [Reason for Separation] |
| Claimant's reported job title | [Job Title] |
| Claimant reported first day of work | MM/DD/YYYY |
| Claimant reported last day of work | MM/DD/YYYY |
| What was the last day claimant performed work? | MM/DD/YYYY |

**Separation Information/Lack of Work**

| Weeks and Wages | |
|---|---|
| Are total earned wages available for MM/DD/YYYY through MM/DD/YYYY? | Wages not currently available |
| Are total weeks worked available for MM/DD/YYYY through MM/DD/YYYY? | Weeks not currently available |

| Payment After Separation | |
|---|---|
| Did or will the claimant receive any compensation on or after the last day of work (excluding wages for hours worked)? | **No** |
| Is or will the claimant receive a company pension and/or 401K disbursement | **No** |

| Documentation/Attachments | |
|---|---|
| Do you have any attachments supporting your response | **No** |

| Preparer | |
|---|---|
| Prepared by | **Employer** |

```
Name: Claimant Name 1
SSN: 123-45-6789          Due: MM/DD/YYYY
```

| Preparer Name | **Name** | Job Title | **Job Title** |
|---|---|---|---|
| Phone | **(555) 555-5555** | Email | **Email** |

**Optional not addressed**

Corrected Employer Name

Corrected FEIN

Corrected SEIN

TPA/Employer Representative receiving this request DOES NOT represent this employer (Not Checked)

PEO receiving this request DOES NOT represent this employer (Not Checked)

Corrected SSN

Corrected Claimant Name

Claimant did NOT work for this employer (Not Checked)

Claimant was a 1099 or contract employee (Not Checked)

Employer is a Temporary Staffing Agency, and the claimant was working a temporary assignment (Not Checked)

Employer believes this is a fraudulent claim (Not Checked)

Claimant's job title

What was the claimant's first day of work?

Was this seasonal employment?

Enter any additional information regarding the Laid Off/Lack of Work.

Total gross wages earned since MM/DD/YYYY

Is (or was) the claimant receiving workers' compensation?

<div style="border: 3px solid black; text-align: center;">

# ENDNOTES

</div>

1. <u>Notification email</u> – this email is sent to employers with a notification setting of "Internal Message with Email Notification"; click [here](#) to view a video on how to change the notification setting … [(back)](#)
2. <u>Single Sign On</u> – for help logging into the UC Benefits system, see the [contact information](#) on the last page … [(back)](#)
3. <u>Claimant did not work for employer</u> – if this option is selected, only pages 16, 23, and 44 – 46 need to be completed … [(back)](#)
4. <u>Fraudulent claim</u>
     - When completing a response on a fraudulent claim use "Still Employed, Full Time" as the reason for separation, and enter the current date in answer to the question "*What was the last day claimant performed work?"
     - For more information about UC fraud, go to the [Report Fraud](#) page on the UC website … [(back)](#)
5. <u>Employment/Separation Information</u>
     - On this screen, and throughout the response, only the fields corresponding to questions or statements with a red asterisk (*) to the left need to be completed

- o **If the reason for separation is "Still Employed, Full-Time", "Still Employed, Part-Time", or "Still Employed, Hours Reduced", enter the current date in answer to the question "\*What was the last day claimant performed work?"** … (back)

6. Voluntary Quit
    - o On this screen, and throughout the response, only the fields corresponding to questions or statements with a red asterisk (*) to the left need to be completed
    - o If the reason for separation is "Voluntary Quit" or "Leave of Absence", additional fact-finding may be needed to determine the claimant's eligibility for UC benefits; for help logging into the UC Benefits system to respond to additional fact-finding requests, see the contact information on the last page
    - o For more information about claimant eligibility in voluntary quit situations, see the Voluntary Quit page on the UC website
    - o In order to protest potential benefits / request relief from charges online, see the contact information on the last page … (back)

7. Fired / Discharge
    - o On this screen, and throughout the response, only the fields corresponding to questions or statements with a red asterisk (*) to the left need to be completed

- o  If the reason for separation is "Fired Discharged" or "Suspension", additional fact-finding may be needed to determine the claimant's eligibility for UC benefits; for help logging into the UC Benefits system to respond to additional fact-finding requests, see the [contact information](#) on the last page

- o  For more information about claimant eligibility in fired / discharged situations, see the [Discharge](#) page on the UC website

- o  In order to protest potential benefits / request relief from charges online, see the [contact information](#) on the last page … [(back)](#)

8. Weeks and Wage

- o  The question "*Are total earned wages available for MM/DD/YYYY through MM/DD/YYYY?" can be answered by selecting "Wages not currently available" from the drop-down list

- o  The question "*Are total weeks worked available for MM/DD/YYYY through MM/DD/YYYY?" can be answered by selecting "Weeks not currently available" from the drop-down list

- o  **Answering the two required questions as shown above will not have any negative impact on the claimant's monetary/financial eligibility; the claimant's wages will have already been reported by**

**the employer through the UC Tax system via form UC-2A, and a monetary determination will already have been issued using that information** … [(back)](#)

9. Payment after Separation – if this information is not available, "Unknown" can be selected in answer to the two required questions … [(back)](#)

10. Documentation – most responses submitted by employers do not include any supporting documents; an example of a supporting document that an employer may want to attach to a response would be a claimant resignation letter … [(back)](#)

11. PDF of Response – the submitted response will remain available for download for up to 35 days after the date of the original request … [(back)](#)

12. Enter Amendment – if any changes are needed to the original response, employers can complete and submit an amended response … [(back)](#)

## Contact Information

For help logging into the UC Benefits system or for other employer UC Benefits questions, call, or email:

UC Resource Center: (833) 728 – 2367 (Option 1)

SIDES E-Response help desk: (717) 783 – 0612

Email: [PASIDES@pa.gov](mailto:PASIDES@pa.gov)