



**Monetary and Potential Charges
State Information Data Exchange System (SIDES)
E-Response Website**

Screen Shots

February 20, 2019

Copyright © 2019 National Association of State Workforce Agencies.

All Rights Reserved.

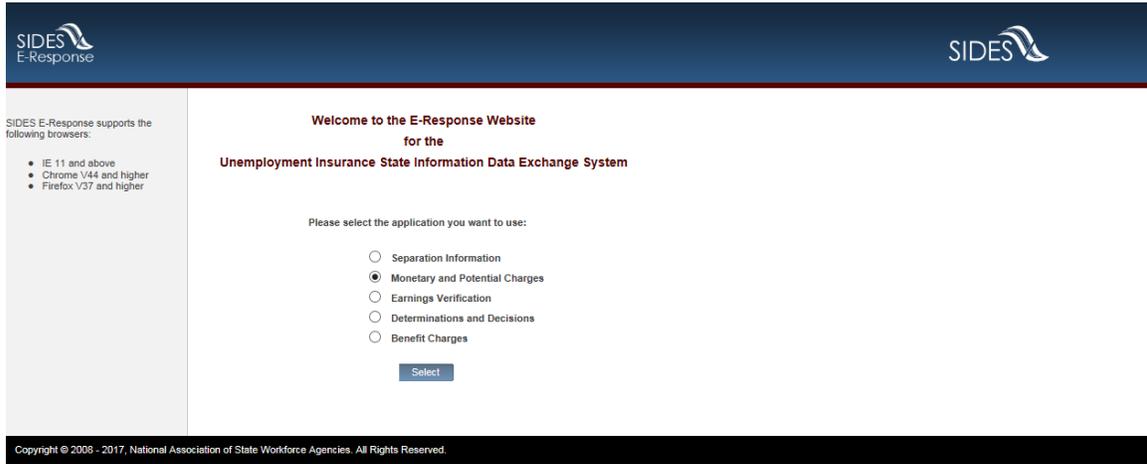
Revision History

Date	Version	Description	Author
05/2/2012	1	First Draft	Jason Holzbach / David Zemel
12/8/2014	2	Update Screens to Match Production	David Zemel
3/6/2017	3	Updated SIDES E-Response Logo	SIDES Team
3/15/2017	4	Updated Screen Images	SIDES Team
2/20/2019	5	Updated Screen Images for 2/20/2019 New Standard Format and Web Site Release.	David Zemel

1	E-RESPONSE WEBSITE FOR THE MONETARY AND POTENTIAL CHARGES EXCHANGE SCREENS SHOTS	4
1.1	Pre-Login Screen	4
1.2	Screen 1 - Login.....	5
1.3	Screen 2 – Monetary and Potential Charges Requests.....	6
1.4	Screen 2.1 - Search Results.....	7
1.5	Screen 2.2 – Delete an In Progress Response	8
1.6	Scenario: RequestforReliefofChargesAllowedInd = No and EmployerSepQuestionShownInd = No.....	9
1.6.1	Submission Path.....	9
1.6.2	Completed Path.....	16
1.7	Scenario: RequestforReliefofChargesAllowedInd = No and EmployerSepQuestionShownInd = Yes	20
1.7.1	Submission Path.....	20
1.7.2	Completed Path.....	28
1.8	Scenario: RequestforReliefofChargesAllowedInd = Yes and EmployerSepQuestionShownInd = No.....	32
1.8.1	Submission Path.....	32
1.8.2	Completed Path.....	40
1.9	Scenario: RequestforReliefofChargesAllowedInd = Yes and EmployerSepQuestionShownInd = Yes	45
1.9.1	Submission Path.....	45
1.9.2	Completed Path.....	53
1.10	Additional Screens	57
1.10.1	Screen 3.2 – Claimant and Employer Identification Change	57
1.10.2	Screen 7 – Amended Response.....	58

1 E-Response Website for the Monetary and Potential Charges Exchange Screens Shots

1.1 Pre-Login Screen



The screenshot shows the pre-login screen of the SIDES E-Response website. The header features the SIDES E-Response logo on the left and right. The main content area is divided into two sections. On the left, a sidebar lists supported browsers: IE 11 and above, Chrome V44 and higher, and Firefox V37 and higher. The main section is titled 'Welcome to the E-Response Website for the Unemployment Insurance State Information Data Exchange System'. Below the title, it prompts the user to 'Please select the application you want to use:' and provides five radio button options: Separation Information, Monetary and Potential Charges (which is selected), Earnings Verification, Determinations and Decisions, and Benefit Charges. A 'Select' button is located below the options. The footer contains the copyright notice: 'Copyright © 2008 - 2017, National Association of State Workforce Agencies. All Rights Reserved.'

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 and Potential Charges
- Earnings Verification
- Determinations and Decisions
- Benefit Charges

Select

Copyright © 2008 - 2017, National Association of State Workforce Agencies. All Rights Reserved.

1.2 Screen 1 - Login



[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.

Monetary and Potential Charges

To respond to your Monetary and Potential Charges, 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](#)

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.3 Screen 2 – Monetary and Potential Charges Requests



FEIN: 99-9999999
SEIN: 999999999

Sign out

Search by SSN: (Omit Dashes)

Search

Announcement: Welcome to UI SIDES E-Response. SIDES E-Response supports the following browsers:

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

Please Note: The system has regularly scheduled maintenance from 12:00:01 AM ET Sunday - 04:00:00 AM ET Sunday. You should not work on your responses during this window as the system may go down unexpectedly.

Monetary and Potential Charges

You have the following notices based on the PIN entered:

Order by: Due Date Ascending

SSN: 222-22-2222 Name: Doe, Relief-N Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Submitted Create Amendment	View/Print View/Print - Submitted 02/15/2019
SSN: 222-22-2222 Name: Mikey, Relief-Y Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Amendment In Progress Edit Amendment Delete Amendment	View/Print View/Print - Completed 02/15/2019
SSN: 222-22-2222 Name: Doe, Relief-N Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	View/Print
SSN: 222-22-2222 Name: Mikey, Relief-Y Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	View/Print
SSN: 222-22-2222 Name: Mikey, Relief-Y Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Amendment In Progress Edit Amendment Delete Amendment	View/Print View/Print - Completed 02/15/2019
SSN: 222-22-2222 Name: Doe, Relief-N Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	View/Print
SSN: 333-33-3333 Name: Cinderella, Relief-Y Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Amendment In Progress Edit Amendment Delete Amendment	View/Print View/Print - Submitted 02/15/2019
SSN: 333-33-3333 Name: Cinderella, Relief-Y Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Amendment In Progress Edit Amendment Delete Amendment	View/Print View/Print - Completed 02/15/2019
SSN: 333-33-3333 Name: Cinderella, Relief-Y Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	View/Print
SSN: 444-44-4444 Name: Snow, Relief-N Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Submitted Create Amendment	View/Print View/Print - Submitted 02/15/2019
SSN: 444-44-4444 Name: Snow, Relief-N Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	View/Print
SSN: 444-44-4444 Name: Snow, Relief-N Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Completed Create Amendment	View/Print View/Print - Completed 02/15/2019
SSN: 555-55-5555 Name: Sleeping, Relief-N Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: In Progress Edit Response Delete Response	View/Print

Select a Monetary and Potential Charges Request to create a response and/or view/print. Or, select a Monetary and Potential Charges Response to edit, delete or view/print.

Select "Create Response" to begin a response.

Select "Edit Response" to edit information to a response that has not yet been submitted.

Select "Delete Response" to delete a response that has not yet been submitted.

Select "Create Amendment" to change a response that has already been submitted.

Select "Edit Amended Response" to edit information on an amendment in progress.

Select "Delete Amended Response" to delete an amended response that has not yet been submitted.

Note: Requests remain on the SIDES E-Response Website for 40 days.

[Users Guide](#)



6

1.4 Screen 2.1 - Search Results

FEIN: 99-9999999
SEIN: 999999999Sign out

Search by SSN: (Omit Dashes)
333333333

Search

Select a Monetary and Potential Charges Request to create a response and/or view/print. Or, select a Monetary and Potential Charges Response to edit, delete or view/print.

Select "Create Response" to begin a response.

Select "Edit Response" to edit information to a response that has not yet been submitted.

Select "Delete Response" to delete a response that has not yet been submitted.

Select "Create Amendment" to change a response that has already been submitted.

Select "Edit Amended Response" to edit information on an amendment in progress.

Select "Delete Amended Response" to delete an amended response that has not yet been submitted.

Note: Requests remain on the SIDES E-Response Website for 40 days.

[Users Guide](#)

Search Results

Monetary and Potential Charges Request Results for PIN and SSN 333333333:

Order by: Due Date Ascending

SSN: 333-33-3333 Name: Cinderella, Relief-Y Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Amendment In Progress Edit Amendment Delete Amendment	View/Print View/Print - Submitted 02/15/2019
SSN: 333-33-3333 Name: Cinderella, Relief-Y Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Amendment In Progress Edit Amendment Delete Amendment	View/Print View/Print - Completed 02/15/2019
SSN: 333-33-3333 Name: Cinderella, Relief-Y Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	View/Print

Monetary and Potential Charges Requests for other PINs for this FEIN and SSN 333333333:
No notices found for other PINs.

[Return](#)

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 2.1

1.5 Screen 2.2 – Delete an In Progress Response

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

Search Results

Search by SSN: (Omit Dashes) 222222222 Search

Monetary and Potential Charges Request Results for PIN and SSN 222222222:

Order by: Due Date Ascending

SSN: 222-22-2222 Name: Doe, Relief-N Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Submitted Create Amendment	ViewPrint ViewPrint - Submitted 02/15/2019
SSN: 222-22-2222 Name: Mikey, Relief-Y Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: In Progress Edit Response Delete Response	ViewPrint
SSN: 222-22-2222 Name: Doe, Relief-N Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	ViewPrint
SSN: 222-22-2222 Name: Mikey, Relief-Y Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	ViewPrint
SSN: 222-22-2222 Name: Mikey, Relief-Y Sep-N A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	ViewPrint
SSN: 222-22-2222 Name: Doe, Relief-N Sep-Y A, Jr Date Due: 11:59 PM Eastern on 05/05/2019	Response Status: Not Started Create Response	ViewPrint

Monetary and Potential Charges Requests for other PINs for this FEIN and SSN 222222222:
No notices found for other PINs.

Return

Users Guide

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 2.1

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

Delete an In Progress Response

You have chosen to delete the Separation Response for:

SSN: 655-55-5555
Name: Sleeping, Relief-N Sep-Y A, Jr
Date Due: 05/05/2019

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

Cancel Delete

Users Guide

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 2

1.6 Scenario: RequestforReliefofChargesAllowedInd = No and EmployerSepQuestionShownInd = No

1.6.1 Submission Path

1.6.1.1 Screen 3 – Claimant and Employer Identification

 FEIN: 99-999999 SEIN: 99999999 [Sign out](#)

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Claimant and Employer Information

[Users Guide](#)
* Indicates a Required Field

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

TPA = Third Party Administrator

Requesting State

State: CA
Agency: CA UIOfficeName
Phone: (210) 123-4567
Fax: (210) 123-4568
E-mail: UIOfficeEmailAddress@asdf.gov

Claimant Information

SSN: 444-44-4444
Name: Snow, Relief-N Sep-N A, Jr
Other Last Name Used by Claimant: White

Employer Information

Employer Name:
Federal Employer Identification Number:
State Employer Account Number:

Information of Record

Relief-N Sep-N
22-2222221
0123456789

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

State Claim Number: 123456789012345678
Initial Claim Date: 11/12/2018
Benefit Year Beginning Date: 07/23/2013
Employer Account Type: Taxable Employer

Informational Attachments

Document Name	Document Extension	Size	
Test Request Attachment	RTF	1	Download

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

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

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 3

1.6.1.2 Screen 4 – Eligibility and Charge Information



FEIN: 99-9999999
 SEIN: 999999999

[Sign out](#)

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Eligibility and Charge Information

Users Guide

★ indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Base Period

	Information of Record	Corrected Employer Information:
Base Period Start Date:	07/24/2010	
Base Period End Date:	07/23/2011	
Number of Employers in the Base Period:	1	
Wages from All Employers in the Base Period:	\$42,000.00	

Wages from this Employer

First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input style="width: 90%;" type="text" value="\$ 1,000.00"/>
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input style="width: 90%;" type="text"/>
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input style="width: 90%;" type="text"/>
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input style="width: 90%;" type="text" value="\$ 1,000.00"/>
*Wages from This Employer in the Base Period:		<input style="width: 90%;" type="text" value="\$36,000.00"/>

Benefits

Number of Dependents Claimed:	2	<input style="width: 90%;" type="text"/>
Weekly Unemployment Benefit Amount:	\$1,000.00	
Maximum Unemployment Benefit Amount:	\$60,000.00	
Total Weeks of Unemployment Benefits:	52	
Percentage of Payment Being Charged to This Employer:	100%	
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00	

Employer Charge:

Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

< Back
Cancel
Save
Main Menu
Next >

Go to Page Eligibility and Charge Information Go

Copyright © 2008 - 2019, National Association of State Workforce Agencies. All Rights Reserved. 4

1.6.1.3 Screen 6 – Attachments

SIDES E-Response FEIN: 99-9999999 SEIN: 999999999 [Sign out](#)

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Attachments

• Do you have any attachments supporting the information provided? Yes No

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

Go to Page: [Go](#)

Users Guide

• Indicates a Required Field

If an attachment for the information provided 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.

Copyright © 2006 - 2010, National Association of State Workforce Agencies. All Rights Reserved. 6

1.6.1.4 Screen 8 – Preparer Information

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Preparer Information

Users Guide

* indicates a Required Field

TPA = Third Party Administrator

*Who is providing this response?

Enter Information:
 Employer TPA/Employer Representative

*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

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

13.203 - Build 50/5606 - 29/5/1

1.6.1.5 Screen 9 – Submission

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Submission

 [View/Print](#)

< Back

Main Menu

Submit to State

[Users Guide](#)

Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

3/2019 - Build 2005506 - 2/1/19

1.6.1.6 Screen 10 – Submission Confirmation

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Submission Confirm

You have chosen to submit your Monetary and Potential Charges Response to the State Unemployment Insurance Office.

Do you want to submit this response?

[No - Return to Main Menu](#) [Yes - Submit to State](#)

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

Users Guide
★ indicates a Required Field

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.
13.203 - build 5075676 - 29/53

1.6.1.7 Screen 11 – Confirmation

The screenshot shows the SIDES E-Response interface. At the top left is the SIDES E-Response logo. At the top right, it displays 'FEIN: 99-9999999' and 'SEIN: 999999999' next to a 'Sign out' button. Below the header, a navigation bar contains 'Response for: SSN: 444-44-4444', 'Request Date: 04/10/2019', 'Date Due: 05/05/2019', and 'Name: Snow, Relief-N Sep-N A, Jr'. The main content area is titled 'Confirmation' and contains the text: 'Your response has been accepted. Your confirmation number is: 4001 50a0 aa4d 4923 b343 b7d4 9aea 654205'. Below this is a link: 'Please print or download this pdf and keep with your records.' and a 'View/Print' button. A 'Main Menu' button is located at the bottom center. On the left side, there is a 'Users Guide' link and a note: '* indicates a Required Field'. At the bottom of the page, there is a copyright notice: 'Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.' and a version/build number: '13.203 - Build 50756c6 - 29/54'.

Rest of Page Intentionally Blank

1.6.2 Completed Path

1.6.2.1 Screen 3 – Claimant and Employer Identification

FEIN: 99-9999999
SEIN: 999999999 [Sign out](#)

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Users Guide
* Indicates a Required Field

Claimant and Employer Information

Requesting State	Claimant Information
State: CA	SSN: 444-44-4444
Agency: CA UIOfficeName	Name: Snow, Relief-N Sep-N A, Jr
Phone: (210) 123-4567	Other Last Name Used by Claimant: White
Fax: (210) 123-4568	
E-mail: UIOfficeEmailAddress@asdf.gov	

Employer Information	Information of Record
Employer Name:	Relief-N Sep-N
Federal Employer Identification Number:	22-2222221
State Employer Account Number:	0123456789

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

State Claim Number:	123456789012345678
Initial Claim Date:	11/12/2018
Benefit Year Beginning Date:	07/23/2013
Employer Account Type:	Taxable Employer

Informational Attachments			
Document Name	Document Extension	Size	
Test Request Attachment	RTF	1	Download

TPA = Third Party Administrator

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

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

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 3

1.6.2.2 Screen 4 – Eligibility and Charge Information



FEIN: 99-9999999
 SEIN: 999999999

Response for: SSN: 444-44-4444
Request Date: 04/10/2019
Date Due: 05/05/2019
Name: Snow, Relief-N Sep-N A, Jr

Eligibility and Charge Information

[Users Guide](#)

★ indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Base Period

	Information of Record	Corrected Employer Information:
Base Period Start Date:	07/24/2010	
Base Period End Date:	07/23/2011	
Number of Employers in the Base Period:	1	
Wages from All Employers in the Base Period:	\$42,000.00	

Wages from this Employer

First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input type="text"/>
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input type="text"/>
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input type="text"/>
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input type="text"/>
Wages from This Employer in the Base Period:		<input type="text"/>

Benefits

Number of Dependents Claimed:	2	<input type="text"/>
Weekly Unemployment Benefit Amount:	\$1,000.00	
Maximum Unemployment Benefit Amount:	\$60,000.00	
Total Weeks of Unemployment Benefits:	52	
Percentage of Payment Being Charged to This Employer:	100%	
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00	

Employer Charge:

Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

Go to Page Eligibility and Charge Information

 Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 4

1.6.2.3 Screen 6 – Attachments

SIDES E-Response FEIN: 99-9999999 SEIN: 999999999 [Sign out](#)

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Attachments

• Do you have any attachments supporting the information provided? Yes No

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

Go to Page: [Go](#)

Users Guide

• Indicates a Required Field

If an attachment for the information provided 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.

Copyright © 2006 - 2010, National Association of State Workforce Agencies. All Rights Reserved. 6

1.6.2.4 Screen 9 Thank You

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999

Sign out

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Thank You

[View/Print](#)

Since you have not initiated any action, no information will be sent to the state unemployment agency.

< Back Main Menu Complete

Users Guide
Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 9

1.7 Scenario: RequestforReliefofChargesAllowedInd = No and EmployerSepQuestionShownInd = Yes

1.7.1 Submission Path

1.7.1.1 Screen 3 – Claimant and Employer Identification



FEIN: 99-9999999
 SEIN: 999999999

[Sign out](#)

Response for: SSN: 222-22-2222
Request Date: 04/10/2019
Date Due: 05/05/2019
Name: Doe, Relief-N Sep-Y A, Jr

Claimant and Employer Information

[Users Guide](#)

* Indicates a Required Field

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

TPA = Third Party Administrator

Requesting State

State: CA

Agency: CA UIOfficeName

Phone: (210) 123-4567

Fax: (210) 123-4568

E-mail: UIOfficeEmailAddress@asdf.gov

Claimant Information

SSN: 222-22-2222

Name: Doe, Relief-N Sep-Y A, Jr

Other Last Name Used by Claimant: John

Employer Information

Employer Name: Relief-N Sep-Y

Federal Employer Identification Number: 22-2222221

State Employer Account Number: 0123456789

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

State Claim Number: 123456789012345678

Initial Claim Date: 11/12/2018

Benefit Year Beginning Date: 07/23/2013

Employer Account Type: Taxable Employer

Informational Attachments			
Document Name	Document Extension	Size	
Test Request Attachment	RTF	1	Download

Cancel
Save
Main Menu
Next >

Go to Page
Claimant and Employer Information
Go

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 3

1.7.1.2 Screen 4 – Eligibility and Charge Information



FEIN: 99-9999999
 SEIN: 999999999

Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr

Eligibility and Charge Information

[Users Guide](#)
 * Indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Base Period	Information of Record	Corrected Employer Information:	
Base Period Start Date:	07/24/2010		
Base Period End Date:	07/23/2011		
Number of Employers in the Base Period:	1		
Wages from All Employers in the Base Period:	\$42,000.00		
Wages from this Employer			
First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input type="text" value="\$ 1,000.00"/>	
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input type="text"/>	
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input type="text"/>	
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input type="text" value="\$ 1,000.00"/>	
<hr/>			
*Wages from This Employer in the Base Period:	\$36,000.00	<input type="text" value="\$ 2,000.00"/>	
Benefits			
Number of Dependents Claimed:	2	<input type="text"/>	
Weekly Unemployment Benefit Amount:	\$1,000.00		
Maximum Unemployment Benefit Amount:	\$60,000.00		
Total Weeks of Unemployment Benefits:	52		
Percentage of Payment Being Charged to This Employer:	100%		
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00		
Employer Charge:			
Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

Go to Page

Copyright © 2008 - 2019, National Association of State Workforce Agencies. All Rights Reserved. 4

1.7.1.3 Screen 6 – Separation Information

 FEIN: 99-9999999 SEIN: 999999999 [Sign out](#)

Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr

Separation Information

Save completed successfully.

Separation Information

- Have you already responded to a Separation Information request on this claimant? Yes No
- Reason for Separation: 2 = Laid Off/Lack of Work
- Is this work Seasonal according to State Law? Yes No
- Last Day Worked:

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

Go to Page [Go](#)

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.7.1.4 Screen 6.3 – Attachments

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

Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr

Attachments

* indicates a Required Field

Do you have any attachments supporting the updated wage information provided? 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 [Go](#)

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 6

1.7.1.5 Screen 8 – Preparer Information

 FEIN: 99-9999999 [Sign out](#)
SEIN: 999999999

Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr

Preparer Information

Save completed successfully.

Enter Information:

Employer TPA/Employer Representative

* Who is providing this response?
* 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](#)

Users Guide 

* Indicates a Required Field

TPA = Third Party Administrator

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.7.1.6 Screen 9 – Submission

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr

Submission

 [View/Print](#)

< Back

[Main Menu](#)

[Submit to State](#)

Users Guide

Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.7.1.7 Screen 10 – Submission Confirmation

The screenshot shows the SIDES E-Response interface. At the top left is the SIDES E-Response logo. At the top right, it displays the user's FEIN (99-9999999) and SEIN (999999999), along with a 'Sign out' button. Below the header, the page title is 'Submission Confirm'. The main content area contains the following text: 'Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr', 'You have chosen to submit your Monetary and Potential Charges Response to the State Unemployment Insurance Office.', and 'Do you want to submit this response?'. There are two buttons: 'No - Return to Main Menu' and 'Yes - Submit to State'. Below the buttons, it says 'After submitting this response, please wait for the confirmation number.' A footer at the bottom of the page reads 'Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.'

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999

Sign out

Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr
Submission Confirm

Users Guide
* indicates a Required Field

You have chosen to submit your Monetary and Potential Charges Response to the State Unemployment Insurance Office.

Do you want to submit this response?

No - Return to Main Menu Yes - Submit to State

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

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.7.1.8 Screen 11 – Confirmation

The screenshot shows the SIDES E-Response Confirmation screen. At the top left is the SIDES E-Response logo. At the top right, it displays 'FEIN: 99-9999999' and 'SEIN: 999999999' next to a 'Sign out' button. Below the header, the page title is 'Confirmation'. The main content area contains the following text: 'Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr', 'Your response has been accepted. Your confirmation number is: 4002 52ad d682 4a61 9789 0352 5eda 654207', and 'Please print or download this pdf and keep with your records.' Below this text is a 'ViewPrint' button with a printer icon. At the bottom center is a 'Main Menu' button. On the left side, there is a 'Users Guide' link and a note '* indicates a Required Field'. The footer contains copyright information: 'Copyright © 2006 - 2019, National Association of State Workforce Agencies. All Rights Reserved.' and '3/2019 - Build 03040051 - 29/54'.

Rest of Page Intentionally Blank

1.7.2 Completed Path

1.7.2.1 Screen 3 – Claimant and Employer Identification

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 222-22-2222 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Doe, Relief-N Sep-Y A, Jr

Claimant and Employer Information

[Users Guide](#)
* Indicates a Required Field

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

TPA = Third Party Administrator

Requesting State		Claimant Information	
State:	CA	SSN:	222-22-2222
Agency:	CA UIOfficeName	Name:	Doe, Relief-N Sep-Y A, Jr
Phone:	(210) 123-4567	Other Last Name Used by Claimant:	John
Fax:	(210) 123-4568		
E-mail:	UIOfficeEmailAddress@asdf.gov		

Employer Information		Information of Record	
Employer Name:		Relief-N Sep-Y	
Federal Employer Identification Number:		22-2222221	
State Employer Account Number:		0123456789	

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

State Claim Number:	123456789012345678
Initial Claim Date:	11/12/2018
Benefit Year Beginning Date:	07/23/2013
Employer Account Type:	Taxable Employer

Informational Attachments			
Document Name	Document Extension	Size	
Test Request Attachment	RTF	1	Download

Go to Page Claimant and Employer Information

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 3

1.7.2.2 Screen 4 – Eligibility and Charge Information



FEIN: 99-9999999
 SEIN: 999999999

[Users Guide](#)

★ indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Response for: SSN: 444-44-4444
Request Date: 04/10/2019
Date Due: 05/05/2019
Name: Snow, Relief-N Sep-N A, Jr

Eligibility and Charge Information

Base Period

	Information of Record	Corrected Employer Information:
Base Period Start Date:	07/24/2010	
Base Period End Date:	07/23/2011	
Number of Employers in the Base Period:	1	
Wages from All Employers in the Base Period:	\$42,000.00	

Wages from this Employer

First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input type="text"/>
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input type="text"/>
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input type="text"/>
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input type="text"/>
Wages from This Employer in the Base Period:		<input type="text"/>

Benefits

Number of Dependents Claimed:	2	<input type="text"/>
Weekly Unemployment Benefit Amount:	\$1,000.00	
Maximum Unemployment Benefit Amount:	\$60,000.00	
Total Weeks of Unemployment Benefits:	52	
Percentage of Payment Being Charged to This Employer:	100%	
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00	

Employer Charge:			
Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

Go to Page Eligibility and Charge Information

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.
 4

1.7.2.3 Screen 6 – Attachments

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

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Attachments

Do you have any attachments supporting the information provided? Yes No

< Back Cancel Save Main Menu Next >

Go to Page Attachments Go

Users Guide

• Indicates a Required Field

If an attachment for the information provided 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.

Copyright © 2006 - 2010, National Association of State Workforce Agencies. All Rights Reserved. 6

1.7.2.4 Screen 9 Thank You

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999 [Sign out](#)

Response for: SSN: 444-44-4444 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Snow, Relief-N Sep-N A, Jr

Thank You

[ViewPrint](#)

Since you have not initiated any action, no information will be sent to the state unemployment agency.

[< Back](#) [Main Menu](#) [Complete](#)

Users Guide
Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 9

1.8 Scenario: RequestforReliefofChargesAllowedInd = Yes and EmployerSepQuestionShownInd = No

1.8.1 Submission Path

1.8.1.1 Screen 3 – Claimant and Employer Identification

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr
Claimant and Employer Information

Users Guide
* Indicates a Required Field

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

TPA = Third Party Administrator

Requesting State		Claimant Information	
State:	CA	SSN:	666-66-6666
Agency:	CA UIOfficeName	Name:	Jasmine, Relief-Y Sep-N A, Jr
Phone:	(210) 123-4567	Other Last Name Used by Claimant:	Princess
Fax:	(210) 123-4568		
E-mail:	UIOfficeEmailAddress@asdf.gov		
Employer Information		Information of Record	
Employer Name:		Relief-Y Sep-N	
Federal Employer Identification Number:		22-2222221	
State Employer Account Number:		0123456789	
<input type="checkbox"/> Check here if employer information is incorrect			
<input type="checkbox"/> Check here if the claimant worked under any other SSN or Name			
Employer Status			
<input type="checkbox"/> Check here if claimant did NOT work for this employer			
<input type="checkbox"/> Check here if TPA receiving this request does NOT represent this employer			
State Claim Number:		123456789012345678	
Initial Claim Date:		11/12/2018	
Benefit Year Beginning Date:		07/23/2013	
Employer Account Type:		Taxable Employer	
Informational Attachments			
Document Name	Document Extension	Size	
Test Request Attachment	RTF	1	Download
<input type="button" value="Cancel"/> <input type="button" value="Save"/> <input type="button" value="Main Menu"/> <input type="button" value="Next >"/>			
Go to Page Claimant and Employer Information <input type="button" value="Go"/>			

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

3

1.8.1.2 Screen 4 – Eligibility and Charge Information



FEIN: 99-9999999
 SEIN: 999999999

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Eligibility and Charge Information

Users Guide
* Indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Base Period

	Information of Record	Corrected Employer Information:
Base Period Start Date:	07/24/2010	
Base Period End Date:	07/23/2011	
Number of Employers in the Base Period:	1	
Wages from All Employers in the Base Period:	\$42,000.00	

Wages from this Employer

First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input type="text" value="\$ 1,000.00"/>
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input type="text"/>
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input type="text"/>
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input type="text" value="\$ 1,000.00"/>
<hr/>		
*Wages from This Employer in the Base Period:	\$36,000.00	<input type="text" value="\$ 2,000.00"/>

Benefits

Number of Dependents Claimed:	2	<input type="text"/>
Weekly Unemployment Benefit Amount:	\$1,000.00	
Maximum Unemployment Benefit Amount:	\$60,000.00	
Total Weeks of Unemployment Benefits:	52	
Percentage of Payment Being Charged to This Employer:	100%	
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00	

Employer Charge:

Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

Go to Page

Copyright © 2008 - 2019, National Association of State Workforce Agencies. All Rights Reserved. 4

1.8.1.3 Screen 6 – Request Relief

SIDES E-Response

FEIN: 99-9999999
SEIN: 999999999

Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Request Relief

Users Guide
* Indicates a Required Field

Enter all applicable information in the space provided.

Request Relief

- Do you want to request relief of the charges or wages used for this claim? Yes No
- Please describe why the wages or potential charges need to be changed? (2000 characters):

< Back Cancel Save Main Menu Next >

Go to Page Request Relief Go

Copyright © 2006 - 2019, National Association of State Workforce Agencies. All Rights Reserved.
1.203 - Build 02/04/2019 - 09:47

1.8.1.4 Screen 6.3 – Attachments

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Attachments

Users Guide

* indicates a Required Field

If an attachment for the request for relief of charges or updated wage information provided 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 supporting the request for relief of charges or updated wage information provided? 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

Go

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

6

1.8.1.5 Screen 8 – Preparer Information

 FEIN: 99-9999999 [Sign out](#)
SEIN: 999999999

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Preparer Information

Save completed successfully.

Enter Information:
 Employer TPA/Employer Representative

- * Who is providing this response?
- * 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](#)

Users Guide 
* Indicates a Required Field
TPA = Third Party Administrator

Copyright © 2008 - 2019, National Association of State Workforce Agencies. All Rights Reserved.
3/2019 Build 09/20/2018 10:59:54

1.8.1.6 Screen 9 – Submission

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Submission

[View/Print](#)

< Back

Main Menu

Submit to State

[Users Guide](#)

Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.8.1.7 Screen 10 – Submission Confirmation

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Submission Confirm

You have chosen to submit your Monetary and Potential Charges Response to the State Unemployment Insurance Office.

Do you want to submit this response?

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

Users Guide

* indicates a Required Field

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.8.1.8 Screen 11 – Confirmation

The screenshot shows the SIDES E-Response Confirmation screen. At the top left is the SIDES E-Response logo. At the top right, it displays the FEIN: 99-9999999, SEIN: 999999999, and a Sign out button. Below the header, the page title is "Confirmation". The main content area contains the following text: "Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr", "Your response has been accepted. Your confirmation number is: 4002 53a0 9310 402e aca3 ba85 9fda 654105", and "Please print or download this pdf and keep with your records." Below this text is a "View/Print" button with a printer icon. At the bottom center is a "Main Menu" button. On the left side, there is a "Users Guide" link and a note: "* indicates a Required Field". At the bottom of the page, there is a copyright notice: "Copyright © 2006 - 2019, National Association of State Workforce Agencies. All Rights Reserved." and a version number: "3.203 - Build 08/04/2019 - 09:55".

Rest of Page Intentionally Blank

1.8.2 Completed Path

1.8.2.1 Screen 3 – Claimant and Employer Identification

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Claimant and Employer Information

Users Guide

* Indicates a Required Field

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

TPA = Third Party Administrator

Requesting State

State: CA
Agency: CA UIOfficeName
Phone: (210) 123-4567
Fax: (210) 123-4568
E-mail: UIOfficeEmailAddress@asdf.gov

Claimant Information

SSN: 666-66-6666
Name: Jasmine, Relief-Y Sep-N A, Jr
Other Last Name Used by Claimant: Princess

Employer Information

Information of Record

Employer Name: Relief-Y Sep-N
Federal Employer Identification Number: 22-2222221
State Employer Account Number: 0123456789

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

State Claim Number: 123456789012345678
Initial Claim Date: 11/12/2018
Benefit Year Beginning Date: 07/23/2013
Employer Account Type: Taxable Employer

Informational Attachments		
Document Name	Document Extension	Size
Test Request Attachment	RTF	1

Go to Page

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

3

1.8.2.2 Screen 4 – Eligibility and Charge Information


FEIN: 99-9999999 [Sign out](#)
SEIN: 999999999

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Eligibility and Charge Information

Users Guide
* Indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Base Period

	Information of Record	Corrected Employer Information:
Base Period Start Date:	07/24/2010	
Base Period End Date:	07/23/2011	
Number of Employers in the Base Period:	1	
Wages from All Employers in the Base Period:	\$42,000.00	

Wages from this Employer

First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input type="text"/>
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input type="text"/>
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input type="text"/>
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input type="text"/>
Wages from This Employer in the Base Period:	\$36,000.00	<input type="text"/>

Benefits

Number of Dependents Claimed:	2	<input type="text"/>
Weekly Unemployment Benefit Amount:	\$1,000.00	
Maximum Unemployment Benefit Amount:	\$60,000.00	
Total Weeks of Unemployment Benefits:	52	
Percentage of Payment Being Charged to This Employer:	100%	
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00	

Employer Charge:

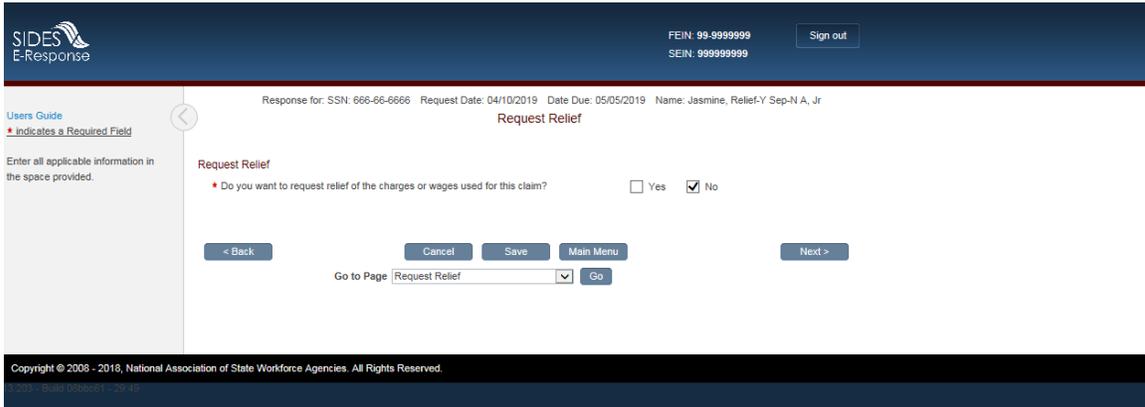
Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

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

Go to Page Eligibility and Charge Information [Go](#)

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.
4

1.8.2.3 Screen 6 – Request Relief



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

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Request Relief

Request Relief

• Do you want to request relief of the charges or wages used for this claim? Yes No

< Back Cancel Save Main Menu Next >

Go to Page Request Relief Go

Users Guide
* Indicates a Required Field
Enter all applicable information in the space provided.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.8.2.4 Screen 6.3 – Attachments

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Attachments

Users Guide

* Indicates a Required Field

If an attachment for the request for relief of charges information provided 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 supporting the request for relief of charges information provided? Yes No

< Back

Cancel

Save

Main Menu

Next >

Go to Page Attachments

Copyright © 2006 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.201 - Build 03/09/2017 - 29.52

6

1.8.2.5 Screen 9 Thank You

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999

Sign out

Response for: SSN: 666-66-6666 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Jasmine, Relief-Y Sep-N A, Jr

Thank You

[View/Print](#)

Since you have not initiated any action, no information will be sent to the state unemployment agency.

< Back Main Menu Complete

Users Guide
Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 9

1.9 Scenario: RequestforReliefofChargesAllowedInd = Yes and EmployerSepQuestionShownInd = Yes

1.9.1 Submission Path

1.9.1.1 Screen 3 – Claimant and Employer Identification

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Claimant and Employer Information

[Users Guide](#)
* Indicates a Required Field

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

TPA = Third Party Administrator

Requesting State

State: CA
Agency: CA UIOfficeName
Phone: (210) 123-4567
Fax: (210) 123-4568
E-mail: UIOfficeEmailAddress@asdf.gov

Claimant Information

SSN: 333-33-3333
Name: Cinderella, Relief-Y Sep-Y A, Jr
Other Last Name Used by Claimant: Step Mother

Employer Information

Employer Name: Relief-Y Sep-Y
Federal Employer Identification Number: 22-2222221
State Employer Account Number: 0123456789

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

State Claim Number: 123456789012345678
Initial Claim Date: 11/12/2018
Benefit Year Beginning Date: 07/23/2013
Employer Account Type: Taxable Employer

Informational Attachments

Document Name	Document Extension	Size	
Test Request Attachment	RTF	1	Download

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

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

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 3

1.9.1.2 Screen 4 – Eligibility and Charge Information



FEIN: 99-9999999
 SEIN: 999999999

[Sign out](#)

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Eligibility and Charge Information

Users Guide

* Indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Base Period

Base Period Start Date:	07/24/2010	
Base Period End Date:	07/23/2011	
Number of Employers in the Base Period:	1	
Wages from All Employers in the Base Period:	\$42,000.00	

Wages from this Employer

First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input style="width: 90%;" type="text" value="\$ 1,000.00"/>
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input style="width: 90%;" type="text"/>
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input style="width: 90%;" type="text"/>
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input style="width: 90%;" type="text" value="\$ 1,000.00"/>
*Wages from This Employer in the Base Period:		<input style="width: 90%;" type="text" value="\$ 2,000.00"/>

Benefits

Number of Dependents Claimed:	2	<input style="width: 90%;" type="text"/>
Weekly Unemployment Benefit Amount:	\$1,000.00	
Maximum Unemployment Benefit Amount:	\$60,000.00	
Total Weeks of Unemployment Benefits:	52	
Percentage of Payment Being Charged to This Employer:	100%	
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00	

Employer Charge:

Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

< Back
Cancel
Save
Main Menu
Next >

Go to Page Go

Copyright © 2008 - 2019, National Association of State Workforce Agencies. All Rights Reserved.

1.9.1.3 Screen 6 – Request Relief

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Request Relief and Separation Information

Save completed successfully.

Request Relief

- Do you want to request relief of the charges or wages used for this claim? Yes No
- Please describe why the wages or potential charges need to be changed? (2000 characters):

Separation Information

- Have you already responded to a Separation Information request on this claimant? Yes No
- Reason for Separation: 2 = Laid Off/Lack of Work
- Is this work Seasonal according to State Law? Yes No
- Last Day Worked:

Go to Page

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

6

1.9.1.4 Screen 6.3 – Attachments

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Attachments

[Users Guide](#)

* Indicates a Required Field

If an attachment for the request for relief of charges or updated wage information provided 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 supporting the request for relief of charges or updated wage information provided? 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 Go

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

6

1.9.1.5 Screen 8 – Preparer Information

 FEIN: 99-9999999 [Sign out](#)
SEIN: 999999999

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Preparer Information

Save completed successfully.

Enter Information:

Employer TPA/Employer Representative

*Who is providing this response?

*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](#)

Users Guide 

* Indicates a Required Field

TPA = Third Party Administrator

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.

1.9.1.6 Screen 9 – Submission

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Submission

[View/Print](#)

< Back

Main Menu

Submit to State

Users Guide

Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2016, National Association of State Workforce Agencies. All Rights Reserved.

1.9.1.7 Screen 10 – Submission Confirmation

The screenshot shows the SIDES E-Response interface. At the top left is the SIDES E-Response logo. At the top right, it displays the user's FEIN (99-9999999) and SEIN (999999999), along with a 'Sign out' button. Below the header, the page title is 'Submission Confirm'. The main content area contains the following text: 'Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr', 'You have chosen to submit your Monetary and Potential Charges Response to the State Unemployment Insurance Office.', and 'Do you want to submit this response?'. There are two buttons: 'No - Return to Main Menu' and 'Yes - Submit to State'. Below the buttons, it says 'After submitting this response, please wait for the confirmation number.' A footer at the bottom of the page reads 'Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.'

1.9.1.8 Screen 11 – Confirmation

The screenshot shows the SIDES E-Response Confirmation screen. At the top left is the SIDES E-Response logo. At the top right, it displays the FEIN: 99-9999999, SEIN: 999999999, and a Sign out button. Below the header, the page title is "Confirmation". The main content area contains the following text: "Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr", "Your response has been accepted. Your confirmation number is: 4002 54a6 f7eb 4d80 b12f 7050 9aba 654160", and "Please print or download this pdf and keep with your records." Below this text is a "View/Print" button with a printer icon. At the bottom center is a "Main Menu" button. On the left side, there is a "Users Guide" link and a note: "* indicates a Required Field". At the bottom of the page, there is a copyright notice: "Copyright © 2006 - 2016, National Association of State Workforce Agencies. All Rights Reserved." and a version number: "3.203 - Build 03/04/2017 - 29:54".

Rest of Page Intentionally Blank

1.9.2 Completed Path

1.9.2.1 Screen 3 – Claimant and Employer Identification

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Users Guide
* Indicates a Required Field

Claimant and Employer Information

Requesting State	Claimant Information
State: CA	SSN: 333-33-3333
Agency: CA UIOfficeName	Name: Cinderella, Relief-Y Sep-Y A, Jr
Phone: (210) 123-4567	Other Last Name Used by Claimant: Step Mother
Fax: (210) 123-4568	
E-mail: UIOfficeEmailAddress@asdf.gov	

Employer Information	Information of Record
Employer Name:	Relief-Y Sep-Y
Federal Employer Identification Number:	22-2222221
State Employer Account Number:	0123456789

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

State Claim Number:	123456789012345678
Initial Claim Date:	11/12/2018
Benefit Year Beginning Date:	07/23/2013
Employer Account Type:	Taxable Employer

Informational Attachments		
Document Name	Document Extension	Size
Test Request Attachment	RTF	1

Download

Cancel Save Main Menu Next >

Go to Page Claimant and Employer Information Go

TPA = Third Party Administrator

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

1.9.2.2 Screen 4 – Eligibility and Charge Information



FEIN: 99-9999999
 SEIN: 999999999

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Users Guide

★ indicates a Required Field

Base Period - The time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for UI benefits. For this claim, it is the four quarters shown.

Please review wages from this employer and enter any corrections.

Eligibility and Charge Information

Base Period	Information of Record	Corrected Employer Information:
Base Period Start Date:	07/24/2010	
Base Period End Date:	07/23/2011	
Number of Employers in the Base Period:	1	
Wages from All Employers in the Base Period:	\$42,000.00	

Wages from this Employer

First Quarter (Jul 2010 - Sep 2010) Wages:	\$9,000.00	<input type="text"/>
Second Quarter (Oct 2010 - Dec 2010) Wages:	\$9,000.00	<input type="text"/>
Third Quarter (Jan 2011 - Mar 2011) Wages:	\$9,000.00	<input type="text"/>
Fourth Quarter (Apr 2011 - Jun 2011) Wages:	\$9,000.00	<input type="text"/>
Wages from This Employer in the Base Period:		<input type="text"/>
	\$36,000.00	

Benefits

Number of Dependents Claimed:	2	<input type="text"/>
Weekly Unemployment Benefit Amount:	\$1,000.00	
Maximum Unemployment Benefit Amount:	\$60,000.00	
Total Weeks of Unemployment Benefits:	52	
Percentage of Payment Being Charged to This Employer:	100%	
The Total Dollar Amount of Unemployment Benefits That May Be Potentially Charged to This Employer:	\$50,000.00	

Employer Charge:			
Begin Week Number	End Week Number	Total Weekly Charge	Potential Charge over the entire range
1	1	\$1,000.00	\$10,000.00
2	2	\$1,200.00	\$12,000.00
3	3	\$1,000.00	\$10,000.00

Go to Page

 Copyright © 2008 - 2019, National Association of State Workforce Agencies. All Rights Reserved. 4

1.9.2.3 Screen 6 – Request Relief

FEIN: 99-9999999
SEIN: 999999999Sign out

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Request Relief and Separation Information

[Users Guide](#)
* indicates a Required Field

Enter all applicable information in the space provided.

Request Relief

* Do you want to request relief of the charges or wages used for this claim? Yes No

Separation Information

* Have you already responded to a Separation Information request on this claimant? Yes No

< Back

Cancel

Save

Main Menu

Next >

Go to Page

Copyright © 2008 - 2016, National Association of State Workforce Agencies. All Rights Reserved.

1.9.2.4 Screen 6.3 – Attachments

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

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Attachments

• Indicates a Required Field

Do you have any attachments supporting the request for relief of charges information provided? Yes No

< Back Cancel Save Main Menu Next >

Go to Page Attachments Go

Users Guide

If an attachment for the request for relief of charges information provided 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 6

1.9.2.5 Screen 9 Thank You

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

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Thank You

ViewPrint

Since you have not initiated any action, no information will be sent to the state unemployment agency.

< Back Main Menu Complete

Users Guide
Please view your Monetary and Potential Charges Response. If correct, click on the Submit button to send the Monetary and Potential Charges 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.

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 9

1.10 Additional Screens

1.10.1 Screen 3.2 – Claimant and Employer Identification Change

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

Response for: SSN: 333-33-3333 Request Date: 04/10/2019 Date Due: 05/05/2019 Name: Cinderella, Relief-Y Sep-Y A, Jr

Claimant and Employer Identification Change

* indicates a Required Field

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

Claimant Information	Information of Record	Corrections (if different)
SSN:	333-33-3333	<input type="text"/>
Claimant Name used to file claim:	Cinderella, Relief-Y Sep-Y A, Jr	<input type="text"/>
Other Name Used:	Step Mother	<input type="text"/>

Employer Information	Information of Record	Corrections(if different)
Employer Name:	Relief-Y Sep-Y	<input type="text"/>
State Employer Account Number:	0123456789	<input type="text"/>
Federal Employer Identification Number:	22-2222221	<input type="text"/>

< Back Cancel Save Main Menu Next >

Go to Page Claimant and Employer Identification Change Go

Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved. 3

1.10.2

Screen 7 – Amended Response