

SIDES E-Response

User Desk Aid



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Introduction

Congratulations on choosing to utilize SIDES E-Response to respond to your Notice to Employer Requests from the Arizona Department of Economic Security. This user guide provides an overview of the steps required to submit your response. Information provided includes screen shots, lists of data elements and formatting requirements for each, as well as helpful tips. You may navigate this document by simply scrolling through it, selecting the desired section from the table of contents, or selecting the desired section from the bookmarks to the left of the screen.

If you have questions about responding through SIDES E-Response, contact the Client Advocate at (602) 542-5954 (select option 3) or UIAClientAdvocate@azdes.gov

For technical assistance with logging in, contact the Help Desk at (602) 542-2460 or EAHelpdesk@azdes.gov

Legend for the data elements:

Column: Required?	R=Required	O=Optional	C=Conditional	N/A=Display Only
Column: Field Size	Number of Characters			

Sample Email Notification

UB-110 Notice(s) to Employer

UIASIDese-Responses@azdes.gov

Employer: BUSINESS NAME

Date: mm-xx-yyyy

Arizona UI Tax Account Number: #####

A Notice to Employer (form UB-110) of an unemployment benefit claim filing has been sent to the SIDES E-Response for your review. You have 10 business days from the date of the Notice to respond. You may lose your right to be an interested party if your response is not on time.

PATTERN OF FAILURE: The repeated failure to return the Notice to Employer timely and with adequate information. A pattern shall be established if the employer has five or more failures or failures in more than five percent of the number of requests whichever is greater. (A.R.S. 23-727)

To access the SIDES E-Response website, follow the instructions below.

INSTRUCTIONS FOR LOGGING INTO E-RESPONSE WEBSITE:

1. Use the following link to access the SIDES E-Response website: <http://uisides.org>
*If you are having problems with this link, please read the section titled Technical Specifications below.

2. Select the option for 'Separation Information'

This option will allow you to report all eligibility information, including sick or vacation you may have about the individual's status.

3. Enter the following THREE credentials to access your Notice to Employer:

- a. Federal Employer Identification Number (FEIN)
Please enter numbers only
- b. Arizona Unemployment Insurance (UI) Tax Account Number
First seven digits, plus three digit branch number (if applicable)
- c. Personal Identification Number (PIN) provided below:
PIN: 20190607#####

Technical Specifications and Requirements

The following browsers are highly recommended for using E-Response. If you used the UI SIDES link above and it did not take you to the SIDES website, please use one of the recommended browsers or check with your IT department to ensure that you are meeting the minimum requirements to log into the E-Response system.

Recommended Browsers:

Internet Explorer (IE) version 9 or higher
Chrome V44 or higher
Firefox V37 or higher

Additional requirements:

JavaScript must be turned ON
Minimum screen resolution of 1024 X 768

- If you need assistance logging into the SIDES E-Response System, please contact the Helpdesk at 602-542-2460 or DERSHelpDesk@azdes.gov.
- If you need assistance navigating the SIDES E-Response System, or with edits/errors, please contact the Client Advocate (602) 542-5954 (select option 3) or UIClientAdvocate@azdes.gov.

The information circled helps identify the business – and provides the information needed to log in to respond.

- 1) Employer – this is especially useful if you respond for more than one business.
- 2) Arizona UI Tax Account Number – you use this, along with the business's Federal ID Number (FEIN) as part of your login.
- 3) PIN – this is the last piece of information needed to log in.

Login Page

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

Note: in Arizona, only Separation Information is available to respond to via E-Response. If you want to respond to a Wage Audit Notice (Earnings Verification), you must log on to IRME (Internet Response Module for Employers). For more information visit www.azuitax.gov

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Login Page – Notes

Select the option for “Separation Information” and click the “Select” button.

Separation Information Application Response Entry

SIDES E-Response

Users Guide

Help with E-Response

* indicates a Required Field

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

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

Separation Information Application, Response Entry

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

* State: ?

* Federal Employer Identification Number: ?

* State Employer Identification Number: ?

* Identification Number/Access Code (PIN): ?

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

Note: you can collapse this "Help" section by clicking on the < button – allowing for more viewing space for the response request. The following screens will be shown with this section collapsed.

Separation Information Application Response Entry – Data Fields

Field	Description	Required	Field Size	Help/Example	Business Rules
State	The state from which the request came	R	N/A	Select the state from which the request came from the drop down	
Federal Employer Identification Number	The employer's federal identification number	R	9	Type into text field. Numeric only.	Do not include dashes (-) or punctuation
State Employer Identification Number	The employer's state employer identification number	R	20	Type into text field. Numeric only.	
Identification Number / Access Code (PIN)	The employer's identification number / access code (PIN)	R	20	Type into text field. Numeric only.	Must be typed in the text field exactly as communicated by the state Copy / paste from the email notification do not copy extra spaces

Separation Information Request



FEIN: [REDACTED]

SEIN: [REDACTED]

Sign out

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.

Separation Information Requests

Separation Information Requests for PIN:

Order by:

SSN: [REDACTED] Name: [REDACTED] Date Due: 11:59 PM Eastern on 06/21/2019	Response Status: Not Started <input type="button" value="Create Response"/>	View/Print
SSN: [REDACTED] Name: [REDACTED] Date Due: 11:59 PM Eastern on 06/21/2019	Response Status: Not Started <input type="button" value="Create Response"/>	View/Print

Separation Information Requests for other PINs with this FEIN:

No separation requests found for other PINs.

Separation Information Requests – Data Fields

Field	Description	Required	Field Size	Help/Example	Business Rules
SSN / Name	The SSN and Name of the individual that filed the claim	N/A	N/A		
Date Due	The date / time the response is due in order to be considered timely	N/A	N/A		
Response Status	The current state of the response	N/A	N/A	Examples: Not Started, In Progress, Submitted	
View / Print	Link to a PDF version of the claim	Link	N/A	Click to view / print a PDF version of the claim	
Create Response (button)	Click the button to begin creating the response to this claim	Button	N/A		
Edit Response (button)	Click the button to edit a response that has not yet been submitted	N/A C	N/A		
Delete Response (button)	Click the button to delete a response that has not yet been submitted	N/A C	N/A		

Claimant and Employer Information

 **AZ UNEMPLOYMENT INSURANCE** FEIN: [REDACTED] SEIN: [REDACTED] [Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019



Claimant and Employer Identification

Requesting State

State: AZ
Agency:

Claimant Provided Information

SSN: [REDACTED]
Name: [REDACTED]
State Claim Number:
Benefit Year Begin Date: 07/15/2018
Type of Claim: New Initial Claim

Employer Information

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

Information of Record

[REDACTED]

Last Employer

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

Employer Status

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

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

[Next >](#)

Go to Page [Go](#)

Claimant and Employer Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
SSN / Name	The SSN / Name - as provided by the individual filing the claim	N/A	N/A		
State Claim Number	This is an optional field – used in some states	N/A	N/A	Arizona does not issue a State Claim Number –this field will display as blank	
Benefit Year Begin Date	The Sunday of the first week in which the individual filed the claim	N/A	N/A		
Type of Claim	The type of the claim filed by the individual	N/A	N/A	Example: New Initial Claim / Additional Claim	
Employer Name	The employer name as listed in our database	N/A	N/A		
State Employer Account Number	The State Employer Account Number	N/A	N/A		
Federal Employer Identification Number	The Federal Employer Identification Number as listed in our database	N/A	N/A		
Employer Type	This field will display either “Base Period Employer” or “Last Employer”	N/A	N/A	Separation Information: Last Employers is used to determine claimant eligibility; Base Period Employer is used only to determine employer charging for the claim.	
Check here if employer information is incorrect	Use this check box to indicate the employer information provided is incorrect.	<input type="checkbox"/>	N/A	Click only if a correction must be made to the employer information listed	
Check here if the claimant worked under any other SSN or Name	Use the check box to indicate the claimant information is incorrect.	<input type="checkbox"/>	N/A	Click only if the claimant worked under a different SSN or Name while employed by this business	
Check here if claimant did NOT work for this employer	Use the check box to select the reason why the Request does not apply	<input type="checkbox"/>	N/A	Click only if the claimant did not work for this employer	
Check here if TPA receiving this request does NOT represent this employer	Use the check box to select the reason why the Request does not apply	<input type="checkbox"/>	N/A	Click only if the TAP receiving this request does not represent the employer	

Employer Identification Change





FEIN: [REDACTED]
 SEIN: [REDACTED]

[Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
 Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

Employer Identification Change

Employer Information

	Information of Record	Corrections (if different)	
Employer Name:	[REDACTED]	<input style="width: 100%;" type="text"/>	?
State Employer Account Number:	[REDACTED]	<input style="width: 100%;" type="text"/>	?
Federal Employer Identification Number:	[REDACTED]	<input style="width: 100%;" type="text"/>	?

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Cancel
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Claimant and Employer Identification Change

Go

Employer Identification Change – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Employer Name	Enter the corrected legal name of the business according to employer records	O	100	Example: ABC Company	
State Employer Account Number	Enter the corrected employer account number according to employer records	O	20	Example: 123456789abcd	
Federal Employer Identification Number	Enter the corrected Federal Employer ID Number according to employer records.	O	9	Example: 123456789	

Claimant Identification Change





FEIN: [REDACTED]
 SEIN: [REDACTED]
 Sign out

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
 Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019



Claimant Identification Change

Claimant Information

	Information of Record	Corrections (if different)
SSN:	[REDACTED]	<input style="width: 100%;" type="text" value=""/> ?
Claimant Name used to file claim:	[REDACTED]	
Other Name Used:		<input style="width: 100%;" type="text"/> ?

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Cancel
Save
Main Menu
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Go to Page Claimant and Employer Identification Change Go

Claimant Identification Change – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
SSN	Enter the additional SSN for a claimant who performed work under more than one Social Security Number	O	9	Example: 123456789 (numeric only)	
Claimant Name used to file claim	Displays the name with which the claimant filed	N/A	N/A	Display only	
Other Name Used	Enter the full name the claimant used while working, if different than the name in state records.	O	70	Example: John E. Doe	

Employer Status Change



FEIN:
SEIN:



Employer Status Change

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

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



FEIN:
SEIN:



Employer Status Change

You have chosen to change the "Employer Status in Relation to this Claim" to **TPA Does Not Represent Employer** .

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

Employer Status Change – Data Elements

Field	Description	Required / Optional
Cancel (button)	Click Cancel if you do not want to save your new "Employer Status in Relation to this Claim"	Optional
Continue (button)	Click Continue to save your new "Employer Status in Relation to this Claim"	Optional

Preparer Information

  FEIN: [REDACTED] SEIN: [REDACTED] [Sign out](#)

Response for SSN [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

Preparer Information

***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)

Enter Information:

Employer TPA/Employer Representative

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

Go to Page [Go](#)

***Who is providing this response?**

***What is the TPA/Employer Representative company name?**

Preparer Information – Notes

If “TPA/Employer Representative” is selected – the additional question (in the ‘pop-out’ above) of “What is the TPA/Employer Representative company name?” will display and will be a required field.

Preparer Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Who is providing this response?	Select whether the response is by the employer or representative (Third Party Administrator)	R	N/A	Click on button "Employer" or "TPA"	
If the preparer is a TPA, what is the TPA company name/	Enter the Third Party Administrator name	C	60	Example: Third Party Administration Company	Required if Preparer Type is TPA
Name of the person preparing this response	Enter the preparer's name	R	60	Example: Alice Smith	
Job title of the person preparing this response	Enter the preparer's title	R	30	Example: Bookkeeper	
Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes, or spaces)	Enter the preparer's telephone plus extension	R	15	Example: 60298212809991	
Preparer's e-mail address	Enter the preparer's e-mail address	R	60	Example: alice.smith@mail.com	
Preparer's Fax number (only digits, omit parenthesis, dashes or space)	Enter the preparer's fax number	O	10	Example: 3029821571	

Employment Information


AZ UNEMPLOYMENT INSURANCE

Response for SSN: [redacted] Claim Number: [redacted] Name: [redacted]
 Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

Employment Information

*** Employer's Reason for Claimant's Separation:** Select One

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

First day of work: [text input]

Last day of work: Claimant Provided: 06/01/2019

Was this seasonal employment according to state law? Yes No

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

Claimant's Job Title: [text input]

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Go to Page Employment Information Go

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

Select One
 Temporary Layoff
 Laid Off/Lack of Work
 Fired/Discharged
 Vacation/Holiday Shutdown
 Asked to Resign
 Voluntary Quit/Separation
 School Employee Between Semesters or Terms, Likely to Return
 School Employee Between Semesters or Terms, Not Likely to Return
 Still Employed, Full Time
 Still Employed, Part Time
 Still Employed, Hours Reduced by Employer
 On Call or Temporary Status
 Leave of Absence
 Retirement - Mandatory
 Retirement - Voluntary
 Disciplinary Suspension
 Labor Dispute
 Professional Athlete Between Sports Seasons
 Disaster Related Separation
 Not Listed Above
 Refuse To Provide

m/d/yyyy
 June

S	M	T	W	T	F	S
26	27	28	29	30	31	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	1	2	3	4	5	6

2018 2019 2020

Preparer Information – Notes

Once “Last day of work” is entered – the additional question (in the ‘pop-out’ above) of “If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation:” will display and will be an optional field.

Employment Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Employer's Reason for Claimant's Separation	Select reason for the claimant's separation from employment.	R	N/A	Example: Voluntary Quit	
Claimant Provided Reason for Separation	Displays reason for separation as provided by the claimant	N/A	N/A	Display only	
First Day of Work	Enter the claimant's first day of work or select from the calendar drop-down	O	4 to 10	Select from the drop-down calendar.	Date must be in the past and more recent than the request date minus fifty years. Date is before or equal to the Claimant's Last Day Worked. Drop-down calendar will not allow dates outside of the business rules.
Last Day of Work	Enter the claimant's actual last day of work or select from the calendar drop-down	O	4 to 10	Select from the drop-down calendar	Date after or equal to Claimant's First Day of Work. Date must be in the past and more recent than the request date minus fifty years. Drop-down calendar will not allow dates outside of the business rules.
If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation?	Enter the claimant's separation date	O	4 to 10	Select from the drop-down calendar	Date is after or equal to Claimant's First Day of Work. Must not have a value if Last Day of Work above has no value. Drop-down calendar will not allow dates outside of the business rules.
Was this seasonal employment according to state law?	Click on the "Yes" or "No" button whether employment is seasonal according to state law.	O	N/A		
Does the claimant have reasonable expectation of returning to work for you?	Click on the "Yes" or "No" button to indicate whether the claimant has reasonable expectation of returning to work for you.	O	N/A		
Claimant's Job Title	Enter the claimant's job title	O	30		

Still Working (Full Time / Part Time) - Notes

If the claimant is still working, either full time or part time, there is not a separate page to complete regarding whether they're accepting all hours, etc. You will see a question about that on the "Compensation After Separation" page

If the claimant is still working, is the claimant working all available hours?

Yes No

The Last Day of Work should be entered as the claimant's last physical day working at the job (if it's the date of the response, enter that date). Some employers get confused about "Last Day of Work" because they correlate that to a separation - and in this case, the claimant is still working.

Wages Earned / Hours Worked





FEIN: [REDACTED]
 SEIN: [REDACTED]

[Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
 Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

Wages Earned/Hours Worked

What were the total wages earned after 06/06/2019?

What were the total hours worked after 06/06/2019?

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Go to Page Wages Earned/Hours Worked Go

Wages Earned / Hours Worked – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What were the total wages earned after mm/dd/yyyy	Enter the total wages earned by claimant after the Claim Effective Date. Do not use \$ sign or commas.	0	See Help	Numbers with only 2 decimal places. Example: 1000.50 (for \$1,000.50)	
What were the total hours worked after mm/dd/yyyy	Enter the total hours worked by the claimant after the Claim Effective Date	0	2	Example: 20	Required if Wages After Claim Effective Date is greater than 0

Compensation Paid After Separation



AZ UNEMPLOYMENT INSURANCE

FEIN: [REDACTED]

SEIN: [REDACTED]

Sign out

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

Compensation Paid After Separation

What was the claimant's average weekly wage?

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

* Will or is the claimant receiving a company pension? Yes No

* Will the claimant receive any of the following compensation on or after the last day of work: No to all

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

Note: you can check the "No to all" box to automatically check "No" on all of the boxes, and then change the relevant box to "Yes" by clicking the "Yes" box for the type of compensation paid after separation

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Cancel

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Go to Page Compensation Paid After Separation

Compensation Paid After Separation – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What was the claimant's average weekly wage?	Enter the claimant's average weekly wage.	C		Do not use \$ sign or commas	Numbers only with 2 decimal places. Required if any Compensation after Separation is included in the record.
What was the average number of hours the claimant worked per week?	Enter the average number of hours the claimant worked per week. If hours are not a whole hour, round up to the nearest whole hour. (Used to allocate remuneration).	C	2	Numeric only.	Required if any Compensation after Separation is included in the record.
Will or is the claimant receiving a company pension?	Click on the “Yes” or “No” button whether the claimant will receive, or is receiving a company pension	R	N/A		
Will the claimant receive any of the following compensation on or after the last day of work:	Click on the “Yes” or “No” button for each type of compensation paid after separation.	R	N/A		Note: you can check the “No to all” box to automatically check “No” on all of the boxes, and then change the relevant box to “Yes” by clicking the “Yes” box for the type of compensation paid after separation

Compensation Paid After Separation – Vacation Pay Example

SIDES E Response

AZ UNEMPLOYMENT INSURANCE

FEIN: [REDACTED] SEIN: [REDACTED] Sign out

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

Compensation After Separation - Vacation Pay

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

Yes No

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

Select One

Select One

D = Daily
W = Weekly
B = Bi-weekly
S = Semi-monthly
M = Monthly
Q = Quarterly
L = Lump Sum

What is the amount of the vacation pay per period?

[Text Input Field]

What date will or was the vacation pay paid?

[Text Input Field]

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Cancel

Save

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Go to Page Compensation After Separation - Vacation Pay

Go

What is the beginning date for the vacation pay allocation?

m/dd/yyyy

What is the ending date for the vacation pay allocation?

[Text Input Field]

Note: Only Compensation After Separation option displayed in this guide are "Vacation Pay" and "Pension" – but all other types selected would have very

Compensation Paid After Separation – Vacation Pay Example - Notes

If "Yes" is selected for "Was the vacation pay allocated to a specific period of time?" – the additional questions (in the 'pop-out' above) of "What is the beginning date for the vacation pay allocation?" and "What is the ending date for the vacation pay allocation" will display and will be required fields.

Compensation Paid After Separation – Vacation Pay Example - Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Was the vacation pay allocated to a specific time period?	Click on the “Yes” or “No” button whether the pay was allocated to a specific period	R	N/A		
What was the frequency of the claimant’s vacation pay after separation?	Select the frequency of the claimant’s vacation pay after separation from the drop-down	R	N/A		
What is the amount of the vacation pay per period?	Enter the amount of vacation pay per pay period, in dollars.	R	13		Must be numeric
What date will or was the vacation pay paid	Enter the date the vacation pay started or will start, or select from the calendar drop-down				

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019



Pension

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

If the claimant is drawing a company pension:

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

Provide any additional information about the claimant's pension:



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*What was the percentage contributed by the claimant?

Pension - Notes

If “Yes” is selected for “Did the claimant contribute to the pension?” – the additional question (in the ‘pop-out’ above) of “What was the percentage contributed by the claimant” will display and will be a required field.

The only Data Elements listed below are those that are **different** than those previously listed under the “Vacation Pay Example”

Pension - Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Was starting the company pension mandatory?	Click on the “Yes” or “No” button whether starting the company pension was mandatory	R			
Did the claimant contribute to the pension?	Click on the “Yes” or “No” button whether the claimant contributed to the pension	R			
What was the percentage contributed by the claimant?	Enter a maximum of three digits to indicate the percentage contributed by the claimant to the pension	C	3		Must be numeric. Required if “Did the claimant contribute to the pension?” is “Yes”
Provide any additional information about the claimant’s pension.	Provide any additional information about the claimant’s pension	O	1,000		

Compensation Paid After Separation Summary





FEIN: [REDACTED]
 SEIN: [REDACTED]

[Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
 Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

Compensation After Separation Summary

Review/Edit Entries.

Summary of Compensation after Separation						
Select	Type	Amount Per Period	Period Frequency	Date Issued	Employer Allocation	
					Begin Date	End Date
<input type="checkbox"/>	Vacation	\$444.00	Bi-weekly	06/06/2019		
<input type="checkbox"/>	Pension	\$1,000.00	Bi-weekly	06/07/2019		

Edit Delete

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Compensation after Separation Summary – Notes

This table shows what was entered for compensation after separation. If you identify errors - and a compensation type needs to be removed or edited, check the "select" box in the left most column and choose edit or delete.

Discharge or Disciplinary Suspension

SIDES E-Response **AZ UNEMPLOYMENT INSURANCE** FEIN: [REDACTED] SEIN: [REDACTED] [Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 09/28/2018 Date Due: 10/15/2018 Claim Effective Date: 09/07/2018

Discharge or Disciplinary Suspension

* Why was the claimant discharged or suspended?

Select One

What was the date of the final incident?

[Text Input Field]

Describe the final incident that caused the discharge or suspension?

[Large Text Area]

Did the claimant violate company policy?

Yes No

Who discharged or suspended the claimant?

[Text Input Field]

What is the title of the person?

[Text Input Field]

* Were there prior incident(s)?

Yes No

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Go to Page Discharge or Disciplinary Suspension

Go

- Select One
- Not Qualified/Inadequate Performance
- Absenteeism/Lateness
- Failed To Follow Instructions/Policy/Contract
- Drugs and Alcohol
- Dishonesty/Theft, Felony or Misdemeanor, Violation of Law, Criminal, Illegal Acts, Property Damage, Fighting
- Medical
- Failed Employment Requirements
- Not Listed Above

Discharge or Disciplinary Suspension - Notes

If “Yes” is selected for “Were there prior incidents?” – the additional question (in the ‘pop-out’ below) of “Was the claimant aware of the policy or unacceptable behavior” will display and will be a required field.

* Was the claimant aware of the policy or unacceptable behavior? Yes No

If “Yes” is selected for “Was the claimant aware of the policy or unacceptable behavior?” – the additional question (in the ‘pop-out’ below) of “How was the claimant informed of the policy or expected behavior?” will display and will be a required field.

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

Discharge or Disciplinary Suspension – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Why was the claimant discharged or suspended?	From the drop down, select the reason the claimant was discharged or suspended from employment	R	N/A	Example: Drugs / Alcohol	Required if Employer Separation Reason is Discharged or Asked to Resign
What was the date of the final incident?	Enter the date of the final incident that caused the discharge or select from the calendar drop-down.	C	4 to 10	Select from the drop-down calendar.	Required if Final Incident Reason is completed. Date must be in the past, after or equal to request date minus 2 years and equal to or prior to the request date. Drop-down calendar will not allow dates outside of the business rules.
Describe the final incident that caused the discharge or suspension?	Describe the final incident that caused the discharge.	C	1,000	Example: He was late 5 times. This is critical because his job was to open the store	Required if Discharge Reason is other than Not Qualified or Not Provided
Did the claimant violate company policy?	Click on the "Yes" or "No" box to indicate if the claimant violated policy.	C	N/A	Click on "Yes" or "No"	Required if Discharge Reason is other than Not Qualified or Not Provided
*Was the claimant aware of the policy or unacceptable behavior?	Click on the "Yes" or "No" box to indicate whether the claimant was aware of the policy or behavior	C	N/A	Click on "Yes" or "No"	Required if "Did the claimant violate company policy?" Is answered "Yes"
*How was the claimant informed of the policy or expected behavior?	Click on one of the boxes: "Written", "Verbal" or "Both" to indicate how the claimant was informed of the policy or unacceptable behavior.	C	N/A	Click on "Written" "Verbal" or "Both"	Required if "Was the claimant previously informed about the company policy?" Is answered "Yes"
Who discharged or suspended the claimant?	Enter the name of the person who discharged the claimant.	C	60	Example: John E Doe	Required if Discharge Reason is completed
What is the title of the person?	Enter the title of the person who discharged the claimant.	C	60	Example: Vice President	Required if Discharge Reason is completed
Were there prior incidents?	Click on the "Yes" or "No" button to indicate whether there were prior incidents	R	N/A	Click on the "Yes" or "No" button	

* These two data elements are conditionally displayed. They are only displayed if "Yes" is selected for the question "Did the claimant violate company policy?"

Prior Incidents (Discharged)

Response for SSN: 52 [redacted] Claim Number: Name: GAR [redacted]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/08/2019

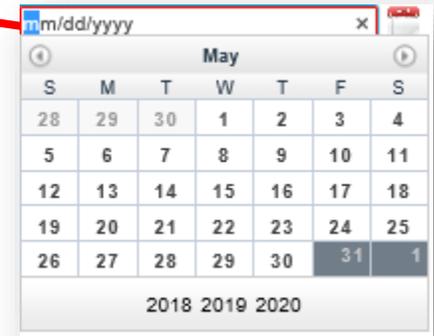
Prior Incidents

* What was the date of the prior incident?

* Describe the prior incident:

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

[Additional Attachments](#)



[Additional Incident](#)

Note: you can click on "Additional Incident" to include information about additional incidents that lead to the claimant's discharge

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* Date of the warning:

* Describe the warning:

Prior Incident (Discharge) - Notes

If “Yes” is selected for “Did the claimant receive a warning regarding this incident?” – the additional questions (in the ‘pop-out’ above) of “Date of the warning” and “Describe the warning” will display and will be required fields.

Prior Incident (Discharge) - Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What was the date of the prior incident?	Enter the date of the prior incident or select from the calendar drop-down.	R	4 to 10	Calendar Drop-down available for date selection Example: 01/02/2009	Date must be in the past. Must be prior to Final Incident Date. Must be equal to or more recent than the request date minus two years.
Describe the prior incident	Describe the incident	R	1,000	Example: The claimant was late on five separate incidents. He was warned each time.	
Did the claimant receive a warning regarding this incident?	Click on the "Yes" or "No" box to indicate whether a warning was issued to the claimant based on this incident.	R	N/A	Click on "Yes" or "No" or N/A	
Date of the warning	Enter the date of the warning or select from the calendar drop-down.	C	4 to 10	Dates must have month, day and year in that order. They can be separated with dashes (-), slashes (/) or not separated. Leading zeros are not necessary in the month and day, and the system will accept a 2- or 4-digit year	Required if “Did the claimant receive a warning regarding this incident” is “Yes”
Describe the warning	Describe the warning	C	1,000	Example: The claimant was warned in writing.	Required if “Did the claimant receive a warning regarding this incident” is “Yes”
Additional Attachment	Click "Browse" to select file to be attached	O	N/A	Example: “Attendance & Leave Policy”	

Prior Incident (Discharge) – Data Elements Notes

If an attachment is uploaded, the additional line showing the “Attachment File Name” and question (in the ‘pop-out’ below) of “Describe the document being attached (e.g. Warning Documents, Notice of Separation)” will display and will be required fields.



The screenshot shows a user interface for managing attachments. It features two main sections:

- * Attachment File Name:** This section includes a "Browse" button and the text "Attendance & Leave Policy BB 2.20.19.pdf (114111 bytes)".
- * Describe the document being attached (e.g. Warning Documents, Notice of Separation):** This section contains a text input field and a "Delete Attachment" button.

You can click “Browse” to add additional attachments or “Delete Attachment” to delete the attachment.

Additional Information: Discharge Reason Comments





FEIN: [REDACTED]

SEIN: [REDACTED]

Sign out

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
 Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019



Additional Discharge Information

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

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Additional Discharge Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Please enter any additional information regarding the reason for discharge for (reason selected):	Any other employer comments on the reason for discharge	C	1,000	Example: None	Required if Discharge Reason is "Not Listed Above"

Asked to Resign

SIDES E Response **AZ UNEMPLOYMENT INSURANCE** FEIN: [REDACTED] SEIN: [REDACTED] [Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019



Asked to Resign

* Why was the claimant asked to resign?

Select One

What was the date of the final incident?

[Text Input Field]

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

[Text Area]

Select One

- Not Qualified/Inadequate Performance
- Absenteeism/Lateness
- Failed To Follow Instructions/Policy/Contract
- Drugs and Alcohol
- Dishonesty/Theft, Felony or Misdemeanor, Violation of Law, Criminal, Illegal Acts, Property Damage, Fighting
- Medical
- Failed Employment Requirements
- Not Listed Above

Did the claimant violate company policy?

Yes No

Who asked the claimant to resign?

[Text Input Field]

What is the title of the person?

[Text Input Field]

* Were there prior incident(s)?

Yes No

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Go to Page Asked to Resign [Dropdown] Go

Asked to Resign – Note

The data elements and conditional questions listed under “Asked to Resign” are the same as those listed under “Discharge”. The “Prior Incidents” page is also the same as the “Prior Incidents” page for “Discharge”.

Voluntary Quit

  FEIN: [REDACTED] SEIN: [REDACTED] [Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019



Voluntary Quit

* What reason did the claimant give for quitting?

Select One 

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

[Text area for providing additional information]

* Was continuing work available?

Yes No

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

Select One 

* Did the claimant take actions to avoid quitting?

Yes No

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



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Voluntary Quit – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
What reason did the claimant give for voluntarily quitting?	Using the drop down box, select the reason the claimant quit, even though continuing work was available.	C	N/A	Example: Due to Health Reasons	Required if Employer Separation Reason is <i>Voluntary Quit</i>
Provide Additional Information about the reason the claimant gave for quitting	Enter the reason the claimant quit the job, even though continuing work was available.	C	2,000	Example: To start school.	Required if Voluntary Separation Reason is <i>Other</i>
Was continuing work available?	Click on the "Yes" or "No" button to indicate whether continuing work was available.	C	N/A	Click on "Yes" or "No" button	Required if Voluntary Separation Reason is completed
Were there changes in the claimant's hiring agreement that contributed to the claimant quitting this job?	Using the drop down box, select the changes in the claimant's hiring agreement that contributed to the claimant quitting this job.	C	N/A	Example: Hours Changed	Required if Voluntary Separation Reason is Working Conditions
What were the changes to the claimant's hiring agreement? If no changes were made, enter "No Changes"	Provide a brief description to explain the hiring agreement change	C	1,000	Example: The claimant was hired to work the day shift, but was changed to the night shift	Required if Hiring Agreement Changes Flag does not equal No Change
Did the claimant take actions to avoid quitting?	Click on the "Yes" or "No" button to indicate whether the claimant took actions to avoid quitting.	C	N/A	Click on "Yes" or "No" button	Required if Voluntary Separation Reason is completed
If yes, what action did the claimant take to avoid quitting?	Describe any action the claimant took to avoid quitting.	C	1,000	Example: She tried to get child care but couldn't afford it.	Required if Voluntary Separation Reason is completed and if Claimant Actions to Avoid Quit flag is "Yes"
What is the name of the person who took the action to discharge or suspend the claimant?	Enter the name of the person who discharged the claimant.	C	60	Example: John E Doe	Required if Discharge Reason is completed

Additional Separation Information

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
 Request Date: 06/07/2019 Date Due: 06/21/2019 Claim Effective Date: 06/06/2019

FEIN: [REDACTED] SEIN: [REDACTED] Sign out

Additional Separation Information

Please enter any additional information regarding the [circled] Employer Separation Reason.

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Note: there will be an "Additional Separation Information" page for each type of separation chosen (they may be titled differently – like the "Additional Discharge Information" page shown in a previous section. The page title and instruction (see circled areas) will change depending on the separation reason.

Additional Separation Information – Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Please enter any additional information regarding the reason for separation for (reason selected):	Any other employer comments on the reason for separation	C	1,000	Example: None	

Attachments

  FEIN: [REDACTED] SEIN: [REDACTED] [Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 09/28/2018 Date Due: 10/15/2018 Claim Effective Date: 09/07/2018



Attachments

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

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Attachments – Notes

Check the “Yes” or “No” box to indicate whether you will upload attachments supporting your statement regarding the Reason for Separation

Attachments – Conditional Display





FEIN: [REDACTED]
 SEIN: [REDACTED]

[Sign out](#)

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
 Request Date: 09/28/2018 Date Due: 10/15/2018 Claim Effective Date: 09/07/2018



Attachments

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

WARNING - Acceptable file formats are: csv, pdf, rtf, tiff (tif), txt. The total size of all attachments (up to 10) is limited to a maximum of 5 megabytes. Scanned PDFs have the possibility of being very large but by decreasing the dpi size, scanning it in as PDF text or removing some of the extended features of a PDF the size can be greatly reduced. Another option would be to scan it in as a TIFF (TIF) document instead of a PDF.

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Attachments – Conditional Display Data Elements

Field	Description	Required	Field Size	Help/Example	Business Rules
Attachment (see WARNING above):	Click "Browse" to select file to attach	R for each	N/A	Example: Medical_form.rtf	See Instruction at top of page
Describe the document being attached (e.g. Warning Documents, Notice of Separation) - Description is required to submit your response:	Description of the type of document attached	R for each	40	Example: Medical Form	

Submission

FEIN: [REDACTED]
SEIN: [REDACTED]Sign out

Response for SSN: [REDACTED] Claim Number: [REDACTED] Name: [REDACTED]
Request Date: 09/28/2018 Date Due: 10/15/2018 Claim Effective Date: 09/07/2018

Submission

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Submission – Notes

You can click on the  [View/Print](#) option above to generate a PDF of the response you are ready to submit. You can save this file to your computer or server, or print it, if you keep paper files.

When you are ready to transmit the response – click “Submit to State”

Navigation to Correct Errors / Make Changes

The screenshot shows the AZ UNEMPLOYMENT INSURANCE portal interface. At the top, there is a header with the SIDES E-Response logo and the text 'AZ UNEMPLOYMENT INSURANCE'. Below the header, there is a navigation bar with buttons for 'Sign out', 'FEIN:', and 'SEIN:'. The main content area displays user information: 'Response for: SSN: [REDACTED] Claim Number: [REDACTED] Name: JONES, TEST Request Date: 03/29/2016 Date Due: 04/12/2016 Claim Effective Date: 03/29/2016'. Below this, there is a section titled 'Additional Separation Information' with a text input field and a question mark icon. At the bottom, there is a 'Go to Page' dropdown menu with a 'Go' button. The dropdown menu is open, showing a list of options: 'Additional Separation Information', 'Claimant and Employer Identification', 'Preparer Information', 'Employment Information', 'Wages Earned/Hours Worked', 'Additional Separation Information', 'Pension', 'Compensation After Separation Summary', 'Discharge or Disciplinary Suspension', 'Prior Incidents & Additional Information', 'Additional Information: Discharge Reason Comments', 'Attachments', 'Additional Separation Information', and 'Submission'. Red arrows labeled '1' and '2' indicate the navigation path: arrow '1' points from the 'Go to Page' dropdown to the 'Go' button, and arrow '2' points from the 'Go' button to the 'Additional Separation Information' menu item.

Navigation to Correct Errors / Make Changes – Notes

You can select any page header and "jump" directly to that page. Just click the drop-down menu at the bottom of the page, titled "Go to Page" to display the page options, click on the page to which you would like to navigate, and click the Go button.

Time Out Warning



Timeout

You will be logged out in 00:16 seconds. If you do not wish to be logged out, click the continue button below.

Continue

Time Out Warning – Notes

This provides a warning if the page has been inactive for a while. It provides the number of seconds until the user will be logged out. The data has been saved - so if the user is logged out, they can log back in and continue from where they left off. If they don't want to be logged out, they must click the Continue button.