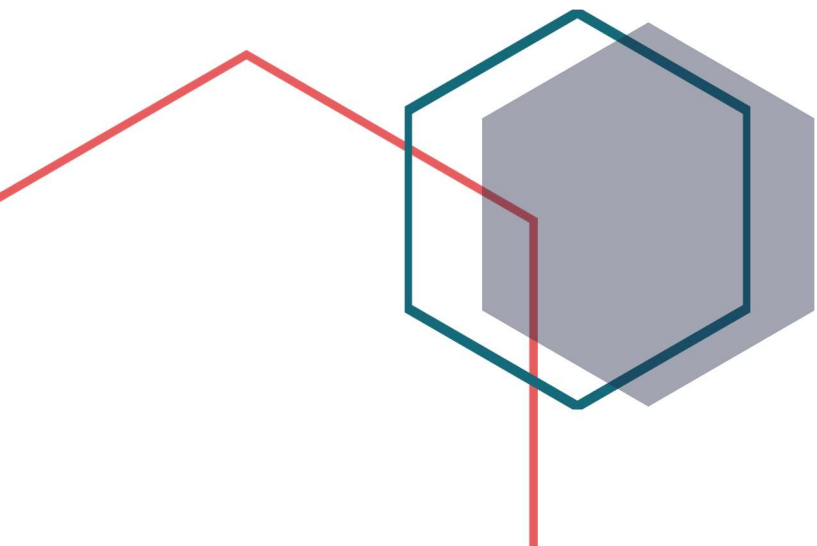


# Separation Information E-Response Users Guide



## What is SIDES?

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

## How it Works

SIDES E-Response is a free website where employers and their representatives submit UI responses directly to state unemployment agencies.

When you receive a request, use the provided PIN to access and complete responses. Once completed, a confirmation number and downloadable PDF will immediately be available for your records.

## Benefits

- Lost responses are a thing of the past. With direct online communication, feel confident knowing information was transmitted correctly and securely.
- Nationally consistent format for any size business. Eliminate submission errors with SIDES' consistent and intuitive format.
- Handles details so employers can focus on business. The innovative digital process reduces personnel time and effort.
- Enhances the integrity of the UI system. SIDES reduces UI tax rates and waste in the system.

## How to Register

Send an e-mail to [IWD-SIDESINFO@iwd.iowa.gov](mailto:IWD-SIDESINFO@iwd.iowa.gov) with the following information:

- Federal Employer Identification Number (9 digit Federal Account number)
- State Employer Identification Number (Iowa employer account number - a 6 digit number with a 3 digit location code)
- Contact E-mail address (E-mail address where IWD will send notification that Notice of Claim records have been posted to your account)

## SIDES E-Response



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

## Requirements



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



## Separation Information Exchange

The SIDES Separation Information exchange is used by employers to process over 31% of UI claims nationwide. The separation information request is triggered by the states when a worker files an initial claim or reopens an existing claim. Since the request is sent electronically, employers do not need to wait for the request to arrive by mail. This allows for more time to complete a detailed and timely response.

## Preparing to Respond to a Request for Separation Information

Gather detailed, pertinent information about the claimant's separation and payments made after the separation.

- Employer contact information
- Dates of employment
- Details of separation
- Relevant prior incidents and warnings
- Supporting documentation
- Monies paid after separation

### **Supported Browsers**

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

## Access the SIDES Separation Information Exchange

Log into [uisides.org](https://uisides.org) using the credentials provided by the state workforce agency. Some states provide a direct link in their employer portal.

The screenshot shows the SIDES E-Response login interface. It features a dark blue header with the SIDES E-Response logo. The main content area is white and contains the following elements:

- State:** A dropdown menu with the text "Select One" and a downward arrow.
- Exchange:** A dropdown menu with a downward arrow.
- Federal Employer Identification Number:** A text input field.
- State Employer Identification Number:** A text input field.
- Pin/Access Code:** A text input field.
- Log In:** A button with the text "Log In".
- Log In Assistance:** A link.
- Supported Browsers:** A link.



## Select a Claim

The list of requests for information will be displayed. This list can be sorted by any column by selecting the up or down arrow next to the column header.

Select the claim you want to work.


State: ST  
FEIN: 987654321  
SEIN: 987654321
Log Out

[User Guide](#)

### Separation Information Requests

Hide submitted records

	Name <span style="font-size: 0.8em;">⌵</span>	SSN <span style="font-size: 0.8em;">⌵</span>	Due Date <span style="font-size: 0.8em;">⌵</span>	Response Status <span style="font-size: 0.8em;">▲</span>
<input type="checkbox"/>	Smith, John		02/04/2022	In Progress
<input checked="" type="checkbox"/>	Allen, Bob		02/04/2022	Not Started
<input type="checkbox"/>	Johnson, Alice Q		02/03/2022	Submitted


R1

**INTEGRITY TIP:** Respond timely to every request for separation information!



## Review Claim Details

This screen provides information related to the claim.



State: ST  
 FEIN: 987654321  
 SEIN: 987654321

[Log Out](#)

[User Guide](#)

### Claim Details

Name	Allen, Bob	SSN	
Claim Number	66959596	Claim Type	Regular UI, New Initial Claim
Claim Effective	01/01/2022	Request	01/25/2022
Benefit Year Begin	01/01/2022	Due	02/04/2022
		Response Status	Not Started
		View	Request - 01/25/2022

[Back](#)
[Enter Response](#)


**Tip:** If you fail to download your response after submitting, you can return to this screen to download your response.

Records are only displayed for 35 days from the request date.



## Verify Employer Information

Make any necessary corrections to the employer information.



State: ST  
 FEIN: 987654321  
 SEIN: 987654321

Log Out
Requests

[User Guide](#)   [Help](#)

---

Name: Allen, Bob Due: 02/04/2022

Employer
Claimant
Separation
Wages/Payments
Documentation
Preparer
Review Response

### Employer

Employer Name      XYZ Holdings

FEIN                    987654321

SEIN                    987654321

Type of employer    Last Employer

Check if applicable.

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

PEO receiving this request DOES NOT represent this employer.

Corrected

Save
Close
Next

**Tip:** Navigate your response using the buttons on the bottom of the screen.


Close will send you back to the claim list.



## Verify Claimant Information

Make any necessary corrections to the claimant information.

Alert the state to special claim situations.



**Tip:** Need to return to a screen?  
Any white tab is a click away.

State: ST  
FEIN: 987654321  
SEIN: 987654321

Log Out  
Requests

[User Guide](#) [Help](#)

---

Name: Allen, Bob
Due: 02/04/2022

Employer
Claimant
Separation
Wages/Payments
Documentation
Preparer
Review Response

### Claimant

Corrected

SSN	565-15-2326	<input style="width: 95%;" type="text"/>
Name	Allen, Bob	<input style="width: 95%;" type="text"/>

Check if applicable.

- Claimant did NOT work for this employer.
- Claimant was a 1099 or contract employee.
- Employer is a Temporary Staffing Agency, and the claimant was working a temporary assignment.
- Employer believes this is a fraudulent claim.

Back Save Close Next

**INTEGRITY TIP:** If you feel a claim is potentially fraudulent, alert the state immediately! Select the fraudulent claim checkbox if you have knowledge of:

- Potential identity fraud
- Claimant is still working
- Claimant is deceased
- Claimant is incarcerated




## Provide Detailed Separation Information

Select the reason that the claimant is no longer working.

- Temporary Layoff
- Laid Off/Lack of Work
- Fired/Discharged
- Vacation/Holiday Shutdown
- Asked to Resign
- Voluntary Quit
- Educational Institution Employee Between Semesters or Terms, Likely to Return
- Educational Institution Employee Between Semesters or Terms, Not Likely to Return
- Still Employed, Full-time
- Still Employed, Part-time
- Still Employer, Hours Reduced
- On Call/Temporary Status
- Leave of Absence
- Retirement
- Suspension
- Labor Dispute
- Professional Athlete Between Sports Seasons
- Disaster Related
- Not Listed Above

Questions will vary based on the reason for separation.



State: ST  
FEIN: 987654321  
SEIN: 987654321

Log Out

Requests

[User Guide](#)   [Help](#)

Name: Allen, Bob Due: 02/04/2022

Employer

Claimant

Separation

Wages/Payments

Documentation

Preparer

Review Response

### Employment/Separation Information

\* Employer's reason for claimant's separation

Claimant's stated reason for separation

Claimant's stated job title

Claimant's job title

Claimant reported first day of work

What was the claimant's first day of work?

Claimant reported last day of work

\* What was the last day claimant performed work?

Was this seasonal employment?

Select One
▼

Laid Off/Lack of Work

Supervisor

10/15/2021

01/15/2022

Yes    No

Back

Save

Close

Next

**INTEGRITY TIP:** Refusing to provide separation information can result in the employer being removed as an interested party and being charged for the account.





**Final Incident**

\* What was the date of the final incident?




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

**Tip:** Be detailed when providing the final incident. The burden of proof falls to the employer to show why the claimant is no longer working for claims related to Fired/Discharged and Asked to Resign claims.



## Disclose Monies Paid After Separation

Include any payments made following the separation of employment.



State: ST  
FEIN: 987654321  
SEIN: 987654321

Log Out  
Requests

[User Guide](#) [Help](#)

---

Name: Allen, Bob Due: 02/04/2022

Employer
Claimant
Separation
Wages/Payments
Documentation
Preparer
Review Response

### Payment After Separation

Total gross wages earned since 01/01/2022?

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

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

* Severance	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Back Pay Award	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Separation	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Residual Payments	<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/Floating Holiday	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Sick	<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
* Bonus Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Supplemental Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Wages in Lieu of Notice	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Not Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Back
Save
Close
Next


61

**INTEGRITY TIP:** Providing all payment after separation information is vital to prevent improper payments!



## Support Your Responses

Upload documents that support your response.



State: ST  
 FEIN: 987654321  
 SEIN: 987654321

Log Out
Requests

[User Guide](#)   [Help](#)

---

Name: Allen, Bob Due: 02/04/2022

Employer
Claimant
Separation
Wages/Payments
Documentation
Preparer
Review Response

### Documentation

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

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

Add Attachment

Back
Save
Close
Next

**Tip:** Reduce the size of your attachments. The response cannot be more than 5 MB.

**Tip:** Keep attachments relevant. For example, there is no need to attach your entire employee handbook. Send the related section.



## Tell Us About You

Provide the information for the person who completed the response.



State: ST  
FEIN: 987654321  
SEIN: 987654321

Log Out  
Requests

[User Guide](#) [Help](#)

Name: Allen, Bob

Due: 02/04/2022

Employer
Claimant
Separation
Wages/Payments
Documentation
Preparer
Review Response

### Preparer

\* Info Prepared By

Employer  TPA

\* Name

\* Job Title

\* Phone

\* Email

Fax

Back
Save
Close
Next

**Tip:** Verify this information carefully. Follow-up requests will be directed here.

68



## Review the Response for Accuracy

Click 'View Response' to see a copy of the PDF before it is sent to the state workforce agency.

State: ST  
FEIN: 987654321  
SEIN: 987654321

Log Out  
Requests

User Guide Help

Name: Allen, Bob Due: 02/04/2022

Employer Claimant Separation Wages/Payments Documentation Preparer **Review Response**

### Review Response

Review your response before submitting:  
View Response

Back Close Submit

70

**Tip:** The response is not submitted until you select the Submit button.



## Save the Confirmation

Records are only saved on the website for 35 days after the request is sent. Save your confirmation number and download a copy of your response. **An emailed copy will NOT be sent.**

The screenshot displays the SIDES E-Response interface. At the top left is the SIDES E-Response logo. The top right corner shows user information: State: ST, FEIN: 987654321, and SEIN: 987654321, along with 'Log Out' and 'Requests' buttons. Below this is a navigation bar with 'User Guide' and 'Help' links. The main content area shows 'Name: Allen, Bob' and 'Due: 02/04/2022'. The central heading is 'Confirmation'. The message states: 'Your response has been accepted. Your confirmation number is 1039-0886-8ad5-4569-b12d-49e1-a105-640567.' Below this is the instruction: 'Print or download a copy for your records.' A 'Response' button is visible, and a 'Close' button is at the bottom right. A blue callout box on the left contains the tip: 'Tip: Print or download a copy of your response for your records.' The page number '71' is in the bottom right corner.

