


Go to <https://uisides.org> and click “Separation Information”, then click 



**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 & Potential Charges
- ☐ Additional Fact-Finding
- ☐ Determinations & Decisions
- ☐ Earnings Verification
- ☐ Benefit Charges


Select


Select “Pennsylvania” from the drop-down list of states


### 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):**  



Cancel


Login


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


Type in 9-digit FEIN and 7-digit SEIN (the PA UC account number) without hyphens

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:**  


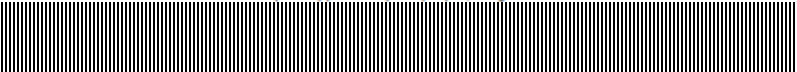
**\* Identification Number/Access Code (PIN):**  

Cancel

Login

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

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

|    | <b>NOTICE OF SIDES SEPARATION</b>           |
|---|---|
| Date Mailed: 7/12/2021  | Claimant:                                   |
| <b>Employer Name</b>  | Claimant ID:                                |
| <b>Employer Address</b>   | Claim Effective Date (BYB):<br>7/11/2021    |
|   | Benefit Year Ending Date (BYE):<br>7/9/2022 |
| <p>You have a Pennsylvania Unemployment Compensation (UC) SIDES E-Response Request(s) for Separation Information that requires a response. This request concerns an individual who has identified you as his/her separating employer when filing an application for Pennsylvania UC benefits. 34 PA Code §63.53(a) requires that an employer responds to Notices of Application and Requests for Separation Information within 4 business days.</p> <p>Log on to <a href="https://uisides.org/">https://uisides.org/</a> to view your SIDES E-Response request(s) and select the radio button for "Separation Information".</p> |   |
| <p>Your FEIN will be in the following format: XXXXXXXXXX (9 digits with no hyphen)</p> <p>Your State Account Number will be in the following format: XXXXXXXX (7 digits with no hyphen)</p> <p>Your SIDES E-Response PIN is: 12345678</p>   |   |
| <p>If YOUR EMAIL ADDRESS CHANGES, you must IMMEDIATELY notify the Initial Claims Unit of the new email address. Contact us as follows:</p> <ul style="list-style-type: none"><li>• By email: PASIDES@pa.gov</li><li>• By FAX: 717-346-3174</li><li>• By phone: 717-783-0612</li></ul> <p>Providing a new email address to any other agency/office within the department does not guarantee that future notices of pending SIDES E-Response information requests will be sent to the new email address.</p>  |   |
| <p>SIDES that is the d</p> <p>Under agent for in credit</p> <p>If you PASID</p>   |   |
| <p>Auxiliary aids and services are available upon request to individuals with disabilities.<br/>Equal Opportunity Employer/Program</p>  <p>1 of 1 3961064</p>  |   |

Find the 8-digit  
PIN from the  
Notice of SIDES  
Separation

# Type in PIN and click

Login

## Separation Information Application, Response Entry

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

**\*State:**

Pennsylvania



**\* Federal Employer Identification Number:**

231234567



**\*State Employer Identification Number:**

0012345



**\*Identification Number/Access Code (PIN):**

.....





Cancel

Login

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

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

# View Separation Information requests



Search by SSN: (Omit Dashes)

Search

[Users Guide](#)

[Help with E-Response](#)

Select a Separation Information Request to Create, Edit, Delete, or View/Print a Response.

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 Amendment"** to edit an amended response that has not yet been submitted.

**Announcement from the State:**

If a worker is separated due to Corona Information page. Employers will be not be charged for UC benefits. Please do not send in the Relief from Charge form to request relief from charges. Once programming has been set up, relief from charge determinations will be issued. You should expect delays beyond the normal 90 day processing time, as Pennsylvania works to implement this new program.

**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.

Due to the pandemic, separation information requests will temporarily be available on SIDES E-Response for 60 days. There is no need to take action on claims that have already been submitted.


### Separation Information Requests

Separation Information Requests for PIN:

Order by:

|  |                                 |  |
|--|---------------------------------|--|
| SSN: 000-00-0001                         | Response Status: Not Started    |  <a href="#">View/Print</a> |
| Name: LASTNAME 1, FIRSTNAME 1            | <a href="#">Create Response</a> |  |
| Date Due: 11:59 PM Eastern on 06/25/2021 |                                 |  |
| SSN: 000-00-0002                         | Response Status: Not Started    |  <a href="#">View/Print</a> |
| Name: LASTNAME 2, FIRSTNAME 2            | <a href="#">Create Response</a> |  |
| Date Due: 11:59 PM Eastern on 06/25/2021 |                                 |  |





How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

Click 



Separation Information Requests

Separation Information Requests for PIN:

Order by:

|   |  |  |
|---|--|--|
| SSN: 000-00-0001<br>Name: LASTNAME 1, FIRSTNAME 1<br>Date Due: 11:59 PM Eastern on 06/24/2021 | Response Status: Not Started<br>   |  <a href="#">View/Print</a>   |
| SSN: 000-00-0002<br>Name: LASTNAME 2, FIRSTNAME 2<br>Date Due: 11:59 PM Eastern on 06/25/2021 | Response Status: Not Started<br> |  <a href="#">View/Print</a> |

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims



FEIN: 23-1234567  
SEIN: 00-12345

Sign out

[Users Guide](#)  
[Help with E-Response](#)  

\* indicates a Required Field

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

Response for SSN: 000-00-0001 Claim Number: 0123456 Name: LASTNAME1, FIRSTNAME1  
Request Date: 06/30/2021 Date Due: 07/10/2021 Claim Effective Date: 06/27/2021

Claimant and Employer Identification

Requesting State

State: PA  
Agency:

Employer Information

Employer Name:  
State Employer Account Number:

Claimant Provided Information

SSN: 000-00-0001  
Name: LASTNAME1, FIRSTNAME1  
State Claim Number: 0123456  
Benefit Year Begin Date: 06/27/2021  
Type of Claim: New Initial Claim

Information of Record

Employer Name  
0012345

If the individual listed did not work for you follow the instructions starting on [page 22](#), otherwise go to the next page

Go to Page Claimant and Employer Identification Go

Next >



## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

### Claimant and Employer Identification

#### Requesting State

State: PA  
Agency:

#### Claimant Provided Information

SSN: 000-00-0001  
Name: LASTNAME1, FIRSTNAME1  
State Claim Number: 0123456  
Benefit Year Begin Date: 06/27/2021  
Type of Claim: New Initial Claim

#### Employer Information

##### Information of Record

Employer Name: Employer Name  
State Employer Account Number: 0012345  
Federal Employer Identification Number: 23-1234567

- ☐ 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

Go to Page Claimant and Employer Identification ▼

Go

Click

Next >

Next >

Select the “Employer” checkbox, enter your name, job title, phone number, email address, and click **Next >**

**Enter Information:**

☒ Employer ☐ TPA/Employer Representative

\*Who is providing this response?

\*Name of the person preparing this response:

Employee Name

\* Job title of the person preparing this response:

Employee Job Title

\* Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes or spaces)

(555) 555-5555

\*Preparer's e-mail address:

emailaddress@gmail.com

Preparer's Fax number: (Only digits, omit parenthesis, dashes or spaces)

< Back

Cancel

Save

Main Menu

Next >

Go to Page Preparer Information

Go

# Complete the “Employer’s Reason for Claimant’s Separation” and “Last day of work” fields only

## Employment Information

\* Employer's Reason for Claimant's Separation:

Select One

Claimant Provided Reason for Separation:

First day of work:

Claimant Provided: 01/06/2016

\* Last day of work:

Claimant Provided: 05/20/2021

Was this seasonal employment according to state law?

Does the claimant have reasonable expectation of returning to work for you?

Claimant's Job Title:

Nursing Assistant

Laid Off/Lack of Work

☐ Yes

☐ No

☐ Yes

☐ No

Next >

Main Menu

Go

Only fields marked with a **red asterisk (\*)** need to be answered

Select “Still Employed, Full Time”  
as the reason for separation from  
the drop-down list

\* Employer's Reason for Claimant's Separation:

Claimant Provided Reason for Separation:

First day of work:

Claimant Provided:

Last day of work:

Claimant Provided:

Was this seasonal employment according to state law?

Does the claimant have reasonable expectation of returning to work?

Claimant's Job Title:

Nursing Assistant

< Back

Cancel

Go to Page Employment Information

Select One

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

Enter today's date in the "Last day of work" field and click 

### Employment Information

\* Employer's Reason for Claimant's Separation:

Still Employed, Full Time

Claimant Provided Reason for Separation:

First day of work:

Claimant Provided: 01/06/2016

\* Last day of work:

Claimant Provided: 05/20/2021

Laid Off/Lack of Work

07/15/2021

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

Was this seasonal employment according to state law?

☐ Yes ☐ No

Claimant's Job Title:

Nursing Assistant

< Back

Cancel

Save

Main Menu

Next >

Go to Page

Employment Information

Go

Select “Wages are not currently available” from the drop-down list

Wages Earned/Hours Worked

\* Are total earned wages available for 01/01/2020 thru 12/31/2020?

\* Are total weeks worked available for 01/01/2020 thru 12/31/2020?

What were the total wages earned after 06/27/2021?

What were the total hours worked after 06/27/2021?

Select One ▼

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

< Back

Cancel


Save

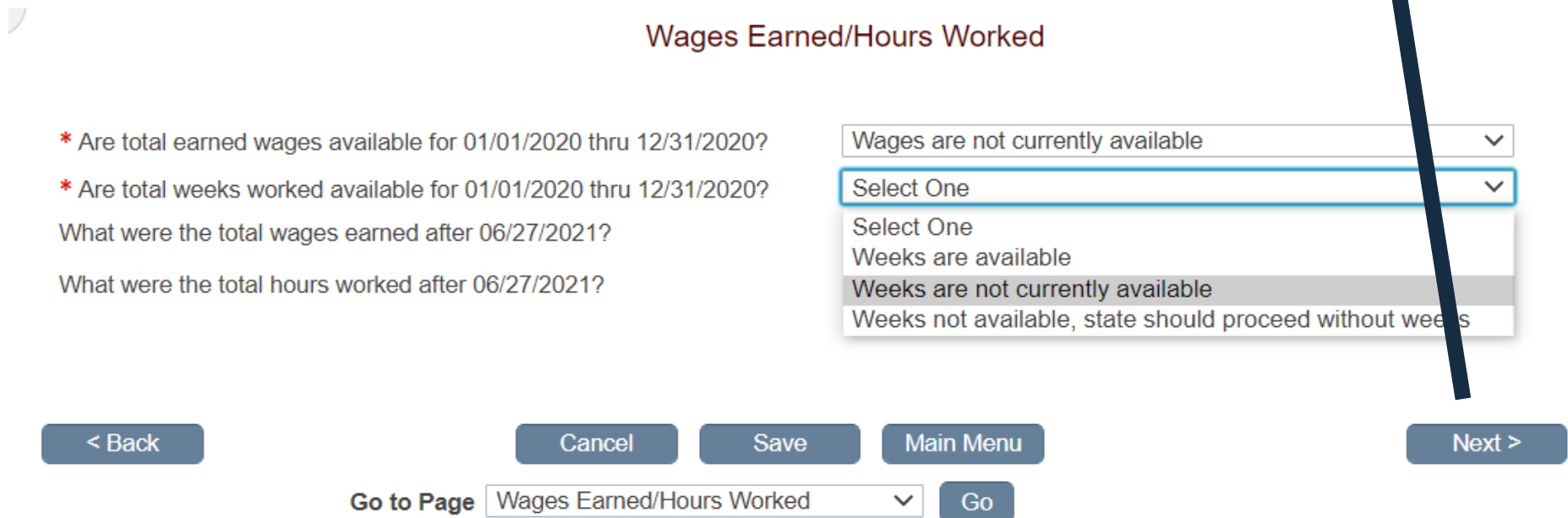
Main Menu

Next >

Go to Page Wages Earned/Hours Worked ▼

Go

Select “Weeks are not currently available”  
from the drop-down list and click 



Wages Earned/Hours Worked

\* Are total earned wages available for 01/01/2020 thru 12/31/2020?

\* Are total weeks worked available for 01/01/2020 thru 12/31/2020?

What were the total wages earned after 06/27/2021?

What were the total hours worked after 06/27/2021?

Wages are not currently available

Select One

Select One

Weeks are available

Weeks are not currently available

Weeks not available, state should proceed without weeks

< Back

Cancel

Save

Main Menu

Next >

Go to Page Wages Earned/Hours Worked Go

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

# Answer the questions as shown and click

[Next >](#)

What was the claimant's average weekly wage?

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

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

☒ Yes ☐ No

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

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

Go to Page Compensation Paid After Separation ▼

[Go](#)



## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

Mark the “No” checkbox  
and click

Next >

### Attachments

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

☐ Yes

☒ No

< Back

Cancel

Save

Main Menu


Next >

Go to Page

Attachments



Go

Fill out the “Additional Separation Information” textbox as shown and click 

Additional Separation Information

\* Please enter any additional information about whether the claimant is regularly working full-time.

[The individual listed] did not file this application for UC benefits  
[The individual listed] continues to work with no change to their employment status  
This is a fraudulent claim

< Back

Cancel

Save

Main Menu

Next >

Go to Page Additional Separation Information ▼

Go

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

The image shows a two-step process for submitting a response. The first step, titled "Submission", contains a "View/Print" link with a PDF icon, and three buttons: "< Back", "Main Menu", and "Submit to State". A callout box with a dark blue border points to the "Submit to State" button. The callout box contains the text "Click" and "then", and two buttons: "Submit to State" and "Yes". The second step, titled "Submission Confirm", contains the text "You have chosen to submit your Separation Information Response to the State Unemployment Insurance Office" and "Do you want to submit this response?". It has two buttons: "< Back" and "Yes". A diagonal arrow points from the "Yes" button in the callout box to the "Yes" button in the "Submission Confirm" section. At the bottom of the "Submission Confirm" section, there is a line of text: After submitting this response, please wait for the confirmation number.

**Submission**

[View/Print](#)

< Back Main Menu Submit to State

**Submission Confirm**

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

Do you want to submit this response?



< Back Yes


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

Click  
then  
Submit to State  
Yes



## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

The screenshot shows a confirmation page with the following elements:

- Confirmation** (Section Header)
- Your response has been accepted. Your confirmation number is:**  
1234 5678 a1b2 123c d456 7efg 8h12 345678
- Please print or download this pdf and keep with your records.
-  [View/Print](#)
- Help us improve**  
Please take our survey 
- Click** (Annotation text pointing to the Main Menu button)
- Main Menu** (Button highlighted by a dark blue box and an arrow)
- Main Menu** (Button at the bottom of the page)

Click  to respond to any other requests and follow the same instructions starting at [page 7](#)



|   |   |   |
|---|---|---|
| SSN: 000-00-0002<br>Name: LASTNAME 2, FIRSTNAME 2<br>Date Due: 11:59 PM Eastern on 07/10/2021 | Response Status: Not Started<br> |  <a href="#">View/Print</a>  |
| SSN: 000-00-0001<br>Name: LASTNAME 1, FIRSTNAME 1<br>Date Due: 11:59 PM Eastern on 07/10/2021 | Response Status: Submitted<br>  |  <a href="#">View/Print</a><br><a href="#">View/Print - Submitted 07/15/2021</a> |

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

### Claimant and Employer Identification

#### Requesting State

State: PA

Agency:

#### Claimant Provided Information

SSN: 000-00-0001

Name: LASTNAME1, FIRSTNAME1

State Claim Number: 0123456

Be

Ty

#### Employer Information

Employer Name:

State Employer Account Number:

Federal Employer Identification Number:

#### Information of R

Employer Name

0012345

23-1234567

☐ 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

If the individual listed did not work for you, mark the “Check here if claimant did NOT work for this employer” checkbox and click [Next >](#)

Cancel

Save

Main Menu

[Next >](#)

Go to Page Claimant and Employer Identification ▼

Go

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

Click

Continue

The screenshot shows the Pennsylvania Department of Labor & Industry SIDES E-Response interface. At the top, there is a header bar with the Pennsylvania logo and the text "pennsylvania DEPARTMENT OF LABOR & INDUSTRY". To the right of the header, the user's FEIN (23-1234567) and SEIN (00-12345) are displayed, along with a "Sign out" button. The main content area is titled "Employer Status Change" in red text. Below the title, a message states: "You have chosen to change the 'Employer Status in Relation to this Claim' to **Claimant Did Not Work For Employer** .". A second message follows: "Any questions you have previously answered, except those on the Claimant and Employer Information screen will be removed from the system." At the bottom of the screen, there are two buttons: "Cancel" and "Continue". A dark blue callout box with a white border is positioned at the top of the screen, containing the text "Click" and a "Continue" button. A dark blue line points from the "Continue" button in the callout box to the "Continue" button at the bottom of the screen.

FEIN: 23-1234567  
SEIN: 00-12345


Sign out

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.

Cancel Continue

Select the “Employer” checkbox, enter your name, job title, phone number, email address, and click 

**Enter Information:**

☒ Employer ☐ TPA/Employer Representative

\*Who is providing this response?

Employee Name

\*Name of the person preparing this response:

Employee Job Title

\* Job title of the person preparing this response:

(555) 555-5555

\* Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes or spaces)

emailaddress@gmail.com

\*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 Preparer Information

Go



Fill out the “Additional Separation Information” textbox as shown and click

Next >

\* You have indicated the claimant has never worked for this employer. Please enter any information you may have about this individual. For example, claimant chose not to work after company was purchased, never heard of this person, claimant worked on-site for a temporary service; if so, please give temporary service information.

[The individual listed] has never worked for [Company/Organization name]

< Back

Cancel

Save

Main Menu

Next >

Go to Page Additional Separation Information

Go

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

The image shows two screenshots of the SIDES E-Response interface. The top screenshot is the 'Submission' screen, which includes a 'View/Print' link, a '< Back' button, a 'Main Menu' button, and a 'Submit to State' button. A blue box highlights the 'Submit to State' button with the text 'Click' and 'then', and a 'Yes' button is shown below it. A blue arrow points from the 'Submit to State' button in the top screenshot to the 'Yes' button in the bottom screenshot. The bottom screenshot is the 'Submission Confirm' screen, which displays the message 'You have chosen to submit your Separation Information Response to the State Unemployment Insurance Office' and asks 'Do you want to submit this response?'. It features '< Back' and 'Yes' buttons. A blue arrow points from the 'Yes' button in the top screenshot to the 'Yes' button in the bottom screenshot.

**Submission**

[View/Print](#)

< Back Main Menu Submit to State

**Click**

**then**

Yes

**Submission Confirm**

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

Do you want to submit this response?

< Back Yes

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

## How Employers can use SIDES E-Response to notify the Office of UC Benefits about fraudulent claims

### Confirmation

Your response has been accepted. Your confirmation number is:

5229 9558 a7b9 460e a616 8dea 4a70 563011

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

 [View/Print](#)


Help us improve  
Please take our survey




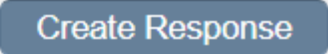



Click

Main Menu

Main Menu

Click  to respond to any other requests and follow the same instructions starting at [page 7](#)



|   |   |   |
|---|---|---|
| SSN: 000-00-0002<br>Name: LASTNAME 2, FIRSTNAME 2<br>Date Due: 11:59 PM Eastern on 07/10/2021 | Response Status: Not Started<br> |  <a href="#">View/Print</a>  |
| SSN: 000-00-0001<br>Name: LASTNAME 1, FIRSTNAME 1<br>Date Due: 11:59 PM Eastern on 07/10/2021 | Response Status: Submitted<br>  |  <a href="#">View/Print</a><br><a href="#">View/Print - Submitted 07/15/2021</a> |