Employer-Filed Claims Guide 2.0

August 2022



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What is an Employer-Filed Claim?

Purpose	Employer filed claims (EFC), also known as <i>partial claims</i> , are unemployment insurance (UI) benefit claims filed by employers on behalf of their full-time employees when it is necessary to temporarily reduce their employees' work hours or there is no work available for a short period. These employees are still attached and have not been separated from the employer. The term <i>employer-filed claim (EFC)</i> is used throughout this guide. Just remember, it is the same as a partial claim.				
	The purpose of this guide is to help you understand the guidelines you must follow and successfully file claims for your employees.				
Benefits	Why should you file claims on behalf of your employees?				
	 EFCs enable you to retain your workforce during short periods of time when less than full-time work is available. 				
	• Your employees receive their benefits faster because you are certifying they are not working due to a lack of work. Most payments are released the next business day after you submit the claim. Employees using direct deposit will receive their benefit payments even faster than those using debit cards. Paper claims can take from 14–21 days for processing.				
	• Your employees do not have to file unemployment claims or certify weekly to receive a benefit payment. However, they must be able and available to work all hours available				
	• Your employees are not required to register for Employment Services, search for new employment, or be referred to potential jobs while receiving benefits.				
Eligibility	Employer-filed claims may be submitted for any complete pay period week during which full-time employees work less than full-time due to a lack of work only and earn an amount not exceeding their maximum weekly benefit amount plus \$150 for weeks ending on or after June 27, 2021 (\$300 for weeks ending March 15, 2020 through June 26, 2021)				
	Such claims shall not be submitted or allowed for vacation days, regardless of whether the vacation days were requested by the employee or established by the employer.				

Guidelines Follow these guidelines when submitting employer-filed claims:

- Employers are authorized to use the Employer Portal only and are prohibited from acting as an employee/claimant by entering their credentials to view claim information. Although employers are privy to personal identifying information, it is an infringement on the employee to misuse their information to view claim information as if you are the owner of the social security number.
- Provide the Employer-Filed (Partial) Claim Employee Instructions, DOL-5198 (7/22) form (available on the Employer Portal) to each employee for which you intend to or submit claims on or after December 6, 2021. Advise each employee to read and satisfy the one-time requirement to ensure payments are released timely, as appropriate. Individuals must complete an online Employer-Filed Claim Profile and verify their identity with ID.me before payments will be made. This can be completed by going to dol.georgia.gov and select Set Up Employer-Filed Claim Profile under Online Services.
- Only submit lawful claims permitted under the Georgia Employment Security Law and the Rules of the Department. Any employer found to be abusing the purpose and intent of EFCs will be prohibited from filing such claims for a period of three years from the time the violation is discovered.
- You may submit a maximum of six consecutive weeks of employer-filed claims if an individual has no earnings.
- A week of partial unemployment consists of an employer's established pay period week. Once a pay period is established, it should remain the same. Effective January 2, 2022, the only acceptable pay period week will be Sunday through Saturday.
- There must be seven (7) days between payment week ending dates.
- Do NOT submit claims until after the week ending date of the EFC claim. The Georgia Department of Labor (GDOL) cannot accept claims filed prior to the week ending date on the claim.
- The benefit year of an employer-filed claim begins the Sunday preceding the first pay week ending date submitted. Computed from this date, the base period is the first four of the last five completed calendar quarters. (If an individual does not have enough covered wages to establish a claim using that base period, an alternative base period may be used. The alternative base period is the last four completed calendar quarters immediately preceding the effective date of a claim.)
- Do not submit an EFC for an employee who has not been able and available for work for an entire week or if the employee is on a scheduled vacation as defined in O.C.G.A. 34-8-195.
- Do not submit EFCs on personnel who are employed by a temporary agency but who work at the employer's place of business.
- Ensure you have accurate records of the employees for which EFCs will be submitted by verifying their social security number (SSN), other last names and SSNs for which they worked under in the last two years.

Guidelines (cont'd)

 Always ask your employees to provide you with information on other work and their weekly gross earnings from other employment (this includes part-time employment with another employer) to ensure their weekly gross earnings are reported correctly on the EFCs. Failure to do so, could result in an overpayment of benefits.

- The employee's name and social security number (SSN) must match the Social Security Administration's records. If the information does not match, the employee will have to provide documentation substantiating his/her identity. A notice will be sent to the individual if action is required to resolve this matter. Failure to provide the requested documents will delay the employee's benefit payments or may result in disqualification from receiving benefits.
- Valid SSNs in the proper format are required. Invalid SSN formats include:
 - SSN field is blank (i.e., no number was reported)
 - SSN is not numeric
 - SSN is less than 9 digits
 - SSN was reported for multiple employees
 - SSN consists of the same digits (e.g., 111-11-1111)
 - SSN begins with "9"
 - SSN is "123-45-6789"
 - SSN is "987-65-4321"
 - SSN begins with "000"
 - SSN begins with "666"
 - SSN has "00" as the middle two digits
 - SSN has "0000" as the last four digits
 - SSN contains dash(es)
- Unemployment benefits are paid on a weekly basis. All weekly earnings over \$150.00 are deducted dollar for dollar from the benefit payment.
- Confirm other employment with each employee and report combined gross weekly earnings to prevent overpayment of benefits for which the employee will be required to repay.
- GDOL strongly recommends you obtain some form of verification and certification for your records, such as the Employer-Filed Claim Form, DOL-408, that the information you are submitting on behalf of your employee is accurate.
- Report any vacation pay, holiday pay, and/or earnings with the employer filing the claim or any other employer during the week in which it was earned, NOT during the week it was paid to the employee.
- Report any additional income employees are receiving to the GDOL, except Social Security benefits, jury duty income, and pay for weekend military reserve duty. Report the type of income, monthly amount, and whether it is a disability pension. For example, if an employee is receiving a pension, retirement pay, an annuity, or similar periodic payment from previous employment, report it to the GDOL. Any change in the amount the employee is receiving must also be reported to the GDOL immediately. Failure to report additional income may result in the employee having to repay any overpayment of benefits.
- Review the monetary entitlement for initial (new) claims submitted by selecting the View Employer Filed Initial Claims link on the Employer Portal dashboard under

common links. The table provides claimant information for initial claims filed as of March 15, 2020. See page 17 for more details.

How Do I Submit an Employer-Filed Claim?

Overview

You must submit your employer-filed claims via one of the following methods:

• Direct entry for each individual employee

To submit an employer-filed claim via online direct entry:

• Upload an Excel spreadsheet for multiple employees

You are strongly encouraged to have your employees complete the *Employer-filed Claim Form (DOL-408)* for your records only.

Below are instructions for each filing method.

Single Claim Entry

	Action						
Go to the GDOL website at dol.georgia.gov.							
Select E	mployersEmployer P	ortal.					
NOTE: You must be a registered user on the Employer Portal with user privileges allowing you to submit employer-filed claims. If you are not permitted to submit an employer-filed claim, contact your Employer Portal administrator or EmployerPortal@gdol.ga.gov for assistance.							
Log into the Employer Portal by entering your username and password.							
RESULT: You will land on the User Account Information or Administrator Dashboard.							
Select the employer account number under Registered Account.							
	User Account II	nformation					
	User Details	Registered Account	Quick Links GDOL Home Page				
word stions Update	Name Cheryl Edwards	000006-07 - GDOL ONLINE PAYMENTACH	USDOL Home Page GDOR Home Page				
ard	Email cheryl.edwards@gdol.ga.gov		GDOL Information				
	Contact Preferred - (404) 232-3180 Numbers		FAQs				
Edit User Information Contact Us							
Employer Handbook							
RESUL	T: The Employer Accou	nt at a Glance page	e will display.				
	Go to th Select E NOTE: ` privilege permitte Portal ad Log into RESUL Adminis Select th solate rd	Go to the GDOL website at dol.go Select EmployersEmployer P NOTE: You must be a registered privileges allowing you to submit permitted to submit an employer Portal administrator or Employer Log into the Employer Portal by e RESULT: You will land on the Us Administrator Dashboard. Select the employer account nu User Account In Name Cheryl Edwards Bedit User Information Edit User Information RESULT: The Employer Account	Go to the GDOL website at dol.georgia.gov. Select EmployersEmployer Portal. NOTE: You must be a registered user on the Employ privileges allowing you to submit employer-filed claim, conta Portal administrator or EmployerPortal@gdol.ga.gov Log into the Employer Portal by entering your usernat RESULT: You will land on the User Account Informat Administrator Dashboard. Select the employer account number under Regist User Account Information User Account Information				



Multi Claims Upload You can file claims for multiple employees by uploading an Excel spreadsheet via the Employer Portal. When creating your upload file, you must use the Department's Excel Template for Employer-filed Claims and adhere to the record layout specifications.

To upload the Excel file:

Step	Action							
1.	Go to the GDOL website at dol.georgia.gov.							
2.	. Select EmployersEmployer Portal. NOTE: You must be a registered user on the Employer Portal with user privileges allowing you to submit employer-filed claims. If you are not permitted to submit an employer-filed claim, contact your Employer Portal administrator or EmployerPortal@gdol ga gov for assistance							
3.	Log into the Employer Portal by entering your username and password. RESULT: You will land on the User Account Information or Administrator Dashboard.							
4.	Select the employer account number under Registered Account .							
	User Account Information							
User Accou Ny Accou User Char User Secu Employer	User Account Vser Details User Change Password Name Cheryl Edwards Employer Dashboard Main Cheryl Edwards@gdol.ga.gov Contact Preferred - (404) 232-3180 Numbers Edit User Information							
5	Select the Eile Employer Account at a Glance page will display.							
5.	Common Links Proper SSN Format for Reporting File Quarterly Tax and Wage Reports Make a Tax Payment File Employer Filed Claims Employer Filed Claims Upload Specifications File UI Appeal Forms and Publications View/Update Account Addresses View Report and Payment History							

Step	Action
6.	Select the Record Layout Specifications link.
	Employer Filed Claims
BOVEE S Account Employer 1. ⊚ Fil	ERVICES COMPANY INC Number: 00197307 Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims. Upload a properly formatted Excel spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Emplo ed Claims Upload Specifications to ensure the file is accepted and claims are filed. 1. <u>Record Layout Specifications</u>
	2. Download template
2. 🔍	Enter an Employer Filed Claims for each employee for each week ending date.
	Continue Clear
	-
7.	Select the Download template link.
8.	Save the Excel template to your computer.
9.	Enter your employee's information into the Excel spreadsheet ten following the record layout specifications in Exhibit 1. TIP: Your file name must be a maximum of 50 characters. Sa separate file for each week ending date for your records.
10.	When you are ready to upload your Excel file, select Option 1 (ra button) to Upload a properly formatted Excel spreadsheet (provided) of Employer-Filed Claims for a week ending date.
	Employer Filed Claims
BOVEE S Account Employer 1. File	ERVICES COMPANY INC Number: 00197307 Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims. Jpload a properly formatted Excel spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Emp d Claims Upload Specifications to ensure the file is accepted and claims are filed. 1. Record Layout Specifications 2. Download template
BOVEE S Account Employer 1. File 2.	ERVICES COMPANY INC Number: 00197307 Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims. Upload a properly formatted Excel spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Emp ed Claims Upload Specifications to ensure the file is accepted and claims are filed. 1. Record Layout Specifications 2. Download template Enter an Employer Filed Claims for each employee for each week ending date.
BOVEE S Account Employer 1. Fil	ERVICES COMPANY INC Number: 00197307 Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims. Upload a peroperly formatted Excel spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Emp ad Claims Upload Specifications to ensure the file is accepted and claims are filed. 1. Record Layout Specifications 2. Download template Enter an Employer Filed Claims for each employee for each week ending date. Continue Clear
BOVEE S Account Employer 1. © File 2. ©	ERVICES COMPANY INC Number: 00197307 Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims. Upload a properly formatted Excel spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Employed Claims Upload Specifications to ensure the file is accepted and claims are filed. 1. Record Layout Specifications 2. Download template Enter an Employer Filed Claims for each employee for each week ending date. Continue Clear
BOVEE S Account Employer 1. © Fil 2. ©	ERVICES COMPANY INC Number: 00197307 Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims. Upload a properly formatted Excel spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Employ ed Claims Upload Specifications to ensure the file is accepted and claims are filed. 1. Record Layout Specifications 2. Download template Enter an Employer Filed Claims for each employee for each week ending date. Continue Clear Select Continue.
BOVEE S Account Employer 1. © 1. Fil 2. © 111. 12.	ERVICES COMPANY INC Number: 00197307 Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims. Upload a properly formatted Except spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Employ Claims Upload Specifications to ensure the file is accepted and claims are filed. 1. Record Layout Specifications 2. Ownload template Enter an Employer Filed Claims for each employee for each week ending date. Continue Continue Review the Employer Affidavit for Filing Unemployment Insut Certifications for Specified Employees.

Multi Claims Upload (cont'd)

Multi Claims Upload (cont'd) To upload the Excel file (cont'd):

Step	Action
14.	Select Browse to navigate to the file stored on your computer. upload the completed Excel spreadsheet and.
	NOTE: The Select file type field defaults to Excel.
15.	Select Open to upload the file.
16.	Select Continue.

UploadIf the upload was successful, the message The Employer-Filed Claims upload wasResultssuccessful will display.

If the upload is unsuccessful, the following message will display:

The Employer-Filed Claims upload was rejected. The table below shows the error(s). Please make the corrections and upload the file again. To be directed to the upload page please follow the link Employer-Filed Claims Upload.

Refer to Exhibit 1. Record Layout Specification for help identifying errors. Make the necessary corrections and submit the file.

Need Help? Contact the Partial Claims Unit at Partial_Claims@gdolga.gov or 404.232.3050 for assistance.

Exhibit 1. Employer-Filed Claim Excel Record Layout Specifications

All employer-filed claim records created as Microsoft Excel must adhere to the record layout specifications below.

Field Name	Туре	Maximum Size	Alignment	Required	Description
Social Security Number	Numeric	11	Right Justified	Y	The employee's SSN (example 123-45- 6789 or 123456789)
First and last Name	Alphabetic	30	Left Justified	Y	Enter the employee's first and last name
Street Mailing Address	Alphanumeric	25	Left Justified	Y	Enter the employee's street mailing address
Mailing City	Alphabetic	12	Left Justified	Y	Enter the employee's mailing city
Mailing State	Alphabetic	2	Left Justified	Y	Enter the employee's mailing state
Mailing Zip	Numeric	5	Left Justified	Y	Enter the employee's mailing zip
Employee's County of Residence	Alphabetic	35	Left Justified	Y	Enter the employee's county of residence
Telephone Number	Numeric	14	Left Justified	Y	Enter the employee's telephone number
Date of Birth	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Enter the employee's date of birth
Gender	Alphabetic	1	Left Justified	Y	Enter the employee's gender (M = male, F = female, Z = choose not to answer)
Hispanic or Latino Origin	Alphabetic	1	Left Justified	Y	Enter if employee is of hispanic or latino origin(Y = Yes, N = No, Z = choose not to answer)

Exhibit 1. Employer-Filed Claim Excel Record Layout Specifications (cont'd)

Field Name	Туре	Maximum Size	Alignment	Required	Description
Race - White	Alphabetic	1	Left Justified	Y	Enter is race is white((Y = Yes, N = No)
Race - Black	Alphabetic	1	Left Justified	Y	Enter is race is black((Y = Yes, N = No)
Race - Asian	Alphabetic	1	Left Justified	Y	Enter is race is Asian((Y = Yes, N = No)
Race - Native American	Alphabetic	1	Left Justified	Y	Enter is race is Native American((Y = Yes, N = No)
Race - Pacific Islander	Alphabetic	1	Left Justified	Y	Enter is race is Pacific Islander((Y = Yes, N = No)
Physical Handicap	Alphabetic	1	Left Justified	Y	Enter the employee's has a disability(Y = Yes, N = No, U = Unknown)
Fed Tax Deduct	Alphabetic	1	Left Justified	Y	Does the employee want the Department to deduct federal income tax from their unemployment payment? (Y = Yes, N = No)
State Tax Deduct	Alphabetic	1	Left Justified	Y	Does the employee want the Department to deduct state income tax from their unemployment payment? (Y = Yes, N = No)
Earned < \$7300	Alphabetic	1	Left Justified	Y	Did the employee earn at least \$7300 in your employ? (Y = Yes, N = No)

Exhibit 1. Employer-Filed Claim Excel Record Layout Specifications (cont'd)

Field Name	Туре	Maximum Size	Alignment	Required	Description
Earned < \$7300 Amount	Numeric	4	Left Justified	Y	Amount employee earned (Earned wages must be four digits. Example: \$1234)
Week Wages	Numeric	5	Left Justified	Y	If the employee earned wages during the pay week, enter gross weekly wages. (Earned wages must be five digits. Example: \$123.45 - enter as 12345, \$10.25, enter as 01025)
Another employer Week Wages	Numeric	5	Left Justified	Y	If the employee earned wages during the pay week with ANOTHER employer, enter gross weekly wages. (Earned wages must be five digits. Example: \$123.45 - enter as 12345, \$10.25, enter as 01025)
Other Last Name 1	Alphabetic	30	Left Justified	Y	If the employee worked under or used any other last name in the last 2 years, enter the other last name(s). If not, leave blank.
Other Last Name 2	Alphabetic	30	Left Justified	Y	If the employee worked under or used any other last name in the last 2 years, enter the other last name(s). If not, leave blank.
Other Last Name 3	Alphabetic	30	Left Justified	Y	If the employee worked under or used any other last name in the last 2 years, enter the other last name(s). If not, leave blank.

Exhibit 1.	Employer-File	d Claim Exce	I Record	Lavout Sp	ecifications	(cont'd)
					••••••	(

Field Name	Туре	Maximum Size	Alignment	Required	Description
Other SSN 1	Numeric	11	Left Justified	Y	If the employee worked under or used a different social security number, enter the other social security number(s). If not, leave blank. (example 123-45-6789 or 123456789)
Other SSN 2	Numeric	11	Left Justified	Y	If the employee worked under or used a different social security number, enter the other social security number(s). If not, leave blank. (example 123-45-6789 or 123456789)
Other SSN 3	Numeric	11	Left Justified	Y	If the employee worked under or used a different social security number, enter the other social security number(s). If not, leave blank. (example 123-45-6789 or 123456789)
Edu Worker	Alphabetic	1	Left Justified	Y	Is this employee paid by a government operated school system, government institute of higher learning, non- profit private educational institution (with the exception of Head Start employees) or non-profit contractor for an educational institution? (Y = Yes, N = No)

Exhibit 1. Employer-Filed Claim Excel Record Layout Specifications (cont'd)

Field Name	Туре	Maximum Size	Alignment	Required	Description
School Closure	Alphabetic	1	Left Justified	Y	If Edu Worker is 'Y', is this employee not working only due to a lack of work because of a school closure, (e.g. Summer break, customary school vacation period or holiday recess)? (Y = Yes, N = No)
Citizen	Alphabetic	1	Left Justified	Y	Is employee a US citizen? (Y = Yes, N = No)
Alien Registration Number	Alphanumeric	15	Left Justified	Y	Employment Authorization Number
Expiration Date	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Employment Authorization Expiration Date
EAD Provided	Numeric	2	Left Justified	Y	Employment Authorization Document provided. Use the number before the description, when entering in the excel document. Eg. User 9 when indicating Certificate of Citizenship, etc. 1 = I-551, Permanent Resident Card/Resident Alien Card/ Registration Receipt Card 2 = I-94, Departure Records 3 = I-327, Unexpired Reentry Permit 4 = I-551, Temporary Card or Stamp

Field Name	Туре	Maximum Size	Alignment	Required	Description	
EAD Provided (cont'd)	Numeric	2	Left Justified	Y	5 = I-571, Unexpired Refugee Travel Document 6 = I-766, Employment Authorization Document 7 = Unexpired Passport with picture with I-94/I- 551 stamp or other supporting documentation 8 = Immigrant Visa with picture 9 = Certificate of Citizenship 10 = Certificate of Naturalization 11 = I-20 Certificate of Eligibility for NonImmigrant (F-1) Student Status 12 = DS2019, Certificate of Eligibility for Exchange Visitor (J-1) Status	
Disaster	Alphabetic	1	Left Justified	Y	Is this claim being filed because of a federally declared disaster? (Y = Yes, N = No)	
Date of disaster	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Date of disaster	
Shutdown	Alphabetic	1	Left Justified	Y	Is the work location completely shutdown due to the disaster? (Y = Yes, N = No)	
Return to Work Date	n to Date Numeric(mm/dd/yyyy) 10		Left Justified	Y	What is the anticipated return to work date? (Partials may be filed if claimant will return to work within 6 weeks of their last day of work)	

Exhibit 1. Employer-Filed Claim Excel Record Layout Specifications (cont'd)

Field Name	Туре	Maximum Size	Alignment	Required	Description
Paid during shutdown	Alphabetic	1	Left Justified	Y	Will the employees be paid for the shutdown period? (Y = Yes, N = No)
Work Location County	Alphabetic	20	Left Justified	Y	Provide the name of the county of the work location?

When creating your upload file please adhere to the following guidelines:

- You must use the template listed below.
- Always include the header record in your file. Do not alter the template header.
- **Always** ensure that the earned wages must be five digits. Example: \$123.45 enter as 12345, \$10.25, enter as 01025
- **Do not** submit employer-filed claim records with invalid SSNs.

Invalid SSN formats include

- SSN field is blank (i.e., no number is reported)
- SSN is not numeric
- SSN is not 9 digits
- SSN consists of the same digits, i.e., 111-11-1111
- SSN begins with "9"
- SSN is "123-45-6789"
- SSN is "987-65-4321"
- SSN begins with "000"
- SSN begins with "666"
- SSN have middle two digits of "00"
- SSN have last four digits of "0000"
- SSN contains dash(es)
- SSN with the last four digits only
- Do not create multiple worksheets within your Microsoft Excel file
- **Do not** rename or save text files as Microsoft Excel files. Create Excel files using the Microsoft Excel application
- The file name should be 30 characters or less.
- If submitting a Microsoft Excel file it must be created using Microsoft Excel version 97 or greater. Excel files created by Microsoft Excel versions prior to 97 are not supported and will be rejected.

What Do I Need to Tell My Employees?

Instructions	Please advise your employees of the following:
Employees	• Read and immediately follow the instructions provided in the GDOL Employer-Filed Claim Employee Instructions, DOL-5198 (5/22), to set up an EFC Profile and verify their identity with ID.me to ensure timely payments when EFCs are submitted.
	• Unemployment benefit payments will not be processed until they set up their unemployment claim profile and verify their identity through ID.me.
	• Advise you immediately and weekly, as applicable, of other employment and gross earnings to be reported on the employer-filed claim. Failure to do so will result in request for repayment of overpaid benefits as well as penalties.
	 Unemployment benefits can be received by direct deposit or Georgia UI Way2Go Debit MasterCard[®].
	• Employees must have a password to access online unemployment claim services, such as checking their claim/payment status or updating or cancelling direct deposit information and/ or change their contact information at dol.georgia.gov.
	• Please call UI Debit MasterCard [®] at 1-888-929-2460 if the debit card is not received within 7 business days, or to report a lost or stolen card.
	• Unemployment benefits are paid on a weekly basis. All weekly earnings over \$150.00 are deducted dollar for dollar from the benefit payment.
	• Any additional income you are receiving, except Social Security benefits, must be reported to the GDOL, including pensions, retirement, disability, annuities, or similar periodic payments from previous employment. Any change in the amount you are receiving must also be reported to the GDOL immediately. Failure to report such income may result in the employee having to repay any overpayment of benefits.
	• You have the option of having federal and/or state income taxes withheld by the GDOL during the claim year. Call UI Customer Service at 404.232.3001 (in metro Atlanta) or 1.877.709.8185 (in all other areas) Monday–Friday, 8:00 a.m. to 4:30 p.m. EST if you have questions or need assistance.

View Employer Filed Initial Claims

Details of initial claims filed for weeks ending on or after March 15, 2020

ACCINE NUMBERS			Employer-Filed	Initial Clair	ns			
In this provide that is a 52-week kendly a set for individuals who have earned a difficient covered wages during the period used to determine monetary entitlement to unemployment benefits. The first week ending date is a constrained of a week of low earnings if their gross earnings are note than the Week years and the week ending date is a constrained of a week of low earnings if their gross earnings are note than the Week years and the week is a constrained of the week ending date is a constrained of a week of low earnings if their gross earnings are note than the Week years and the week and maximum benefit amounts. The determination is generated on initial claims to the individual of endited and use the individual did not have earough weeks to establish a valid dam. Reasons for this could have a first for under the less the week ending date is a solution of the week ending date is a solut	Account Number:	INITIA	(NEW) CLAIMS FILED BY EM	PLOYER GDOL AC	COUNT			
Reaked on one file a claim for those weeks, is sure to confirm the weekly earnings with employees who have other employment prior to submitting the Employee-Filed claim to prevent an overpayment of benefits. A nonetary wage determination is generated on initial claims to the individual to reflect the wages used to determine entitlement, the benefit year period and the weekly and maximum benefit amounts. The determination for the individual to the last five completed calendar quarters prior to the claim filed date) of the claim. Reasons for this could individual individual did not have enough wages to establish a valid claim. Reasons for this could induces to this at the mail date to file a timely append. When the Weekly Benefit Amount (WBA) displays \$0, this means the individual did not have enough wages to establish a valid claim. Reasons for this could induces to the fole time genes uses to a timely append. The date mail date to file a timely append. When the Weekly Benefit Amount (WBA) displays \$0, this means the individual did not have enough wages to establish a valid claim. Reasons for this could induces to the fole maximum benefit amounts. The determination is the individual did not have enough wages to establish a valid claim. Reasons for this could induces to the individual did not have enough wages to establish a valid claim. Reasons for this could induces the last time of the date may means the individual did not have enough wages to establish a valid claim. Reasons for this could induces to the individual or not tree reported maximum enders. The employment claim studies the maximum benefit amounts. The determine one target below displays details for initial claims field under your employer account as of March 15, 2020. The term found. Same the field maximum enders is initiated by the individual or another employer like information used to detarmine monetary eligibility, heights band an explanation of the documentation submitted. The term found. Same term	nitial (new) claims establish a 52-week benefit ye ubmitted as an employer-filed (partial) claim sets 5150 (weeks ending after 6/27/2021).	ar for individuals who have earn the benefit year begin date (Su	ed sufficient covered wages durin nday preceding the week ending	g the period used to date). Employees ca	o determin Innot be p	e monetary entitleme ald for a week of low (nt to unemployment benefi earnings if their gross earni	ts. The first week ending date ngs are more than their WBA pl
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This application provides a list of claims filed on or after March 15, 2020 filed under the indicated Employer name and GDOL Account Number.

The table provides the following information:

SSN = Social security number for which the initial week ending date was submitted to establish a 52-week benefit year.

Name = First and last name of the claimant (employee)

Claim Begin Date = The first date of the benefit year.

Claim End Date = The last date of the benefit year.

WBA = Weekly entitlement amount calculated using the base period or alternate base period wages set by the Claim Begin Date

MBA = Maximum entitlement amount calculated for the benefit year based on the Claim Begin Date

Max. Weeks = Maximum number of weeks payable for the benefit year.

ID.me verified = Indicates whether the individual has completed the ID.me verification. Values are "Y" for Yes and "N" for No.

Profile status = Indicates the status of setting up the EFC Profile. Values are "Not Started" indicates individual has not started the EFC Profile, "Complete" indicates the individual has met the EFC Profile requirement and "Incomplete" indicates the individual has started the EFC Profile but did not complete and receive a confirmation number.

1. Which employees can I file for?

You may submit EFCs for full-time employees who are temporarily laid off or whose hours have been temporarily reduced because of a lack of work. They must also be United States (U.S.) citizens or non-citizens who are authorized to work in the U.S.

Do NOT submit claims for employees who:

- are on scheduled/customary vacation, scheduled/customary plant shut down, or scheduled/customary plan closure (O.C.G.A. Section 34-8-195).
- employed by a temporary agency and are currently working at your place of business.
- were employed in another state in the last 18 months.
- were employed with the federal government or on active military service in the last 18 months.
- are 1099 employees.
- are voluntarily out of work, e.g., quits, requested leaves of absence, self-quarantined, etc.
- have been permanently separated from your company.

2. How do I file?

File on the GDOL website using the Employer Portal. You must be a registered user on the Employer Portal with administrator or user privileges permitting you to submit EFCs. If your company is not registered on the Employer Portal, you must first establish an administrator account. Download the <u>Administrator Guide</u> on the Employer Portal login page and follow the step-by-step instructions. If a third-party service provider is the administrator on your account, ask them to add you as a user and give you the ability to file EFCs. If you are already a registered user on the portal, but are not currently permitted to file EFCs, contact your Employer Portal administrator for assistance.

Log into the Employer Portal and follow the steps in this guide.

3. What information do I need to have available when I file?

You will need the following information for each employee:

- Name
- Social Security Number
- Address
- Date of Birth
- Whether or not they want federal and/or state income taxes withheld (GDOL will withhold 10% for federal and 6% for state taxes.)
- Earnings (Report gross wages—amount of pay before deductions— for any work they performed during the week for which you are filing. **This includes earnings from other employment.** Report any leave pay, vacation pay, holiday pay, and/or earnings during the week in which it was earned, NOT during the week it was paid to the employee. Report any additional income employees are receiving to the GDOL, except Social Security benefits, jury duty income, and pay for weekend military reserve duty.

4. What is the purpose of the EFC Profile and ID.me verification?

Employees are now required to take ownership of the information submitted for unemployment claim benefits and validate their identity to ensure the integrity of the data submitted. Employers are required to provide the DOL-5198 (R-7/22) to employees for whom EFCs have been or will be submitted as of December 6, 2021.

5. How many times do employees have to complete the EFC Profile and ID.me identity verification?

The EFC Profile and ID.me is a one-time requirement per benefit year for unemployment benefits to be paid on employer-filed claims.

6. What do I tell my employees?

Advise your employees of the following:

- They do NOT have to file an unemployment insurance claim. You are doing that for them.
- Follow the instructions provided on the Employee-Filed Claims Employee Instructions, DOL-5198 (5/22) document to complete the one-time requirement to set up the EFC Profile and verify their identity with ID.me. Be sure to update your personal contact and/or benefit payment information immediately when there are changes.
- Advise employees they are required to report their gross earnings with other employers to you as the submitting employer to ensure you accurately report the earnings on the weekly EFC. The earnings must be reported for the week the work is performed.
- They have the option of using direct deposit or the Georgia UI Way2Go Debit MasterCard[®].
- Unemployment benefits are paid on a weekly basis. All weekly earnings over \$150.00 are deducted dollar for dollar from the benefit payment.
- They are NOT required to report to a career center, register for Employment Services on EmployGeorgia.com, or search for work.
- If they receive notification from GDOL that their claim is not monetarily valid due to insufficient wages **and** they know they have other employment in the quarters, they should contact Partial Claims for assistance at Partial_Claims@gdol.ga.gov or 404-232-3050.

7. How can individuals view information about the EFC claims submitted?

Individuals may view unemployment claim information to include the benefit year dates, EFC notices, the statuses of the EFC profile and ID.me verification, payments and more by accessing their MyUI at dol.georgia.gov. MyUI is for claimants ONLY and should only be accessed by the owner of the SSN and personal claim information.

8. Can I file for weeks in the past?

You may submit EFCs for week ending dates within the last 60 days prior to the date of submission.

9. The first thing I am asked to enter is my pay week ending date. How do I determine that? UI benefits are paid on a weekly basis. Effective January 2, 2022, the only acceptable pay period week is Sunday through Saturday. Regardless of your pay period schedule, the week ending date for EFCs must be a Saturday. The gross earnings reported will be for the Sunday through Saturday week for which the EFC is submitted. There must be seven (7) days between payment week ending dates and the week ending date must be in the past.

10. When can I start filing claims?

You cannot file until after the payment week has ended. Begin filing after the pay week ending date of the first week your employees are off from work or work reduced.

11. Do I have to re-enter my employees' information every time I file?

If you use the Single Claim filing method, you will have to manually enter the information on the Employer-Filed (Partial) Claims application each week you file. If you use the Multi-Claim Upload filing method, you can upload an Excel spreadsheet using a GDOL template. This method saves time by eliminating the need to manually enter each employee's information each week. You can simply update their earnings information and upload a new spreadsheet for each week. You must use the GDOL Excel template. The template is available in the Employer Portal on the File Employer-Filed Claims application.

12. Will my DOL account be charged for the benefits?

Yes. As the employer filing on behalf of your employees you assume liability for the benefits paid.

13. Can I submit a mass separation notice?

Yes. A mass separation exists whenever 25 or more workers employed in one establishment are separated on the same day, for the same reason, and the separation is permanent, for an indefinite period or for an expected duration of seven (7) or more days. The employer or employing unit shall within 48 hours following such separation, complete the DOL-402 and DOL-402A forms and submit them to the Department using the instructions provided.

The mass separation list does not replace the requirement to file a claim either by the individual or the employer. The mass separation information will be used by the Department as the employer's confirmation of the separation date and reason.