

# **SEPARATION INFORMATION E-RESPONSE WEB SITE**

# **USER GUIDE**

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# 1 Introduction

SIDES E-Response makes it possible for employers to respond electronically to requests for information from participating state unemployment insurance agencies. This guide provides step-by-step guidance for responding to requests for information about the reasons that a former worker was separated from employment, including samples of the screens that you will see when you log-in to E-Response and enter information related to a specific claim/individual. The E-Response system performs a comprehensive check of the information to ensure that it is complete before it is submitted. When a response is submitted, E-Response provides a confirmation number for your records.

# 2 Getting Started

# 2.1 Minimum Requirements, Credentials, and Conventions

#### Minimum Requirements.

The minimum system requirements to use SIDES E-Response are:

- Internet Explorer version 7.0 or higher.
- Javascript must be turned on.
- A minimum screen resolution of 1024 x 768.

# 2.2 Credentials

Before logging into SIDES E-Response, you will need the following credentials:

- Federal Employer Identification Number (FEIN)
- State Employer Identification Number (SEIN) if used by requesting State.
- Personal Identification Number (PIN)

The State Unemployment Insurance (UI) agency requesting information will provide your PIN either with the notice that requests separation information or through another avenue. Some States may assign a business one PIN for access to all requests sent to it; other states may assign a separate PIN for access to each request. If you have questions regarding credentials for logging in to E-Response, please contact the State UI agency from which you have received a request.

#### 2.3 Conventions

This guide uses the following conventions:

[Button]: Brackets indicate a button and the button label you will see on the screen.



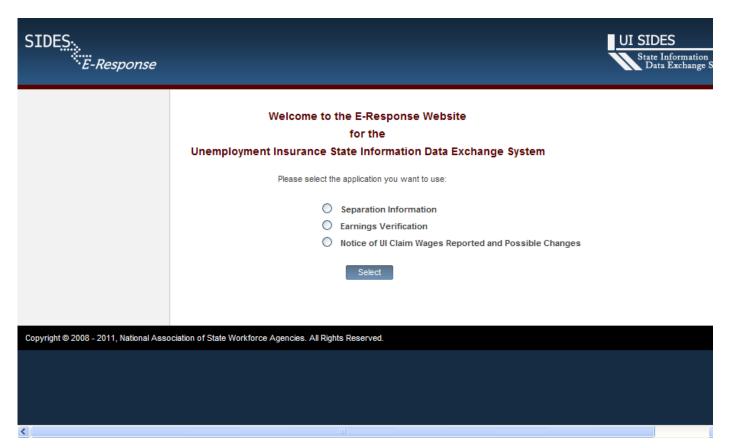
Hyperlink:	All hyperlinks in the screen will be indicated with a bold underline.
"Area of screen":	Double quotes indicate headers or some other specific area of a particular screen.
SMALL CAPS:	Screen titles are shown in SMALL CAPS.

# 3 Logging In

To log-in to SIDES E-Response:

- Launch an Internet Browser (Internet Explorer, version 7.0 or higher required)
- Go to <u>http://uisides.org</u>

The screen shown below will appear.



On the WELCOME screen, select Separation Information, and click the [Select] button.



The screen shown below will appear.

SIDES. <i>E-Response</i>		UI SIDES State Information Data Exchange System
* indicates a Required Field	Separation Information Application Response Entry To respond to your separation information request(s), please login using the instructions provided by the State Agency.	
Note: Dashes and/or other punctuation should be omitted from the Federal/State Employer Identification Numbers.	<ul> <li>State:</li> <li>Select One</li> <li>Federal Employer Identification Number:</li> <li>State Employer Identification Number:</li> <li>State Employer Identification Number:</li> <li>Identification Number/Access Code:</li> </ul>	
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On the LOGIN screen, do the following:

- Select the appropriate State from the drop-down list;
- Enter your Federal Employer Identification Number (FEIN) without dashes or other punctuation;
- Enter your State Employer Identification Number (SEIN) without dashes or other punctuation;

**Note**: If a State UI agency does not use a State Employer Identification Number, the SEIN is not required and no SEIN box will be displayed on the Login screen;

• Enter the PIN provided to you by the requesting State UI agency, and

**Note**: PINs are case SenSitive



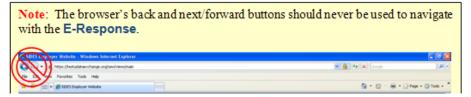
• Click the [Login] button.

If the login is unsuccessful, first try again, being very careful with your key strokes. If you continue to have a problem, either your credentials are incorrect or there are no separation information requests pending at this time. Contact the requesting State UI agency if you received a notice that a separation request is pending and you cannot log into the system to enter your response.

#### 4 Features Included in Multiple Screens

- <u>Identifying Information</u>. Your FEIN and SEIN (if used) will be displayed in the upper right portion of the screens.
- <u>Information Bar.</u> A vertical section on the left side of the screen provides specific instructions to help you navigate specific pages.
- <u>Site Navigation Buttons</u>. At the bottom of most pages you will find the following buttons:
  - [Back]—saves your work and takes you to the previous page.
  - [Cancel]—deletes data from the screen, and you remain on the same page.
  - [Save]—saves data entered and runs validations, but you remain on the same page.
  - [Main Menu]—does not save data entered, and returns you to the Separation Information Requests page.
  - [Next]—saves data entered and moves to the next page.
  - [Go]—a drop down menu allows you to select and jump to a particular page.

**Note**: Using the browser navigation button to go back or go forward will **NOT** ensure the proper functioning of the site and could cause you to lose work.





- <u>Sign Out Button</u>. The [Sign Out] button located in the upper far-right portion of each page will log you out of the E-Response website. Be sure you have saved your work before signing out.
- <u>Help Icon</u>. This symbol indicates help is available for the particular field where it is found. Simply mouse over the icon to see the help text.
- <u>Screen Identification Number</u>. The number in the bottom right corner of each screen identifies it. Should you have questions or problems with a particular screen/page, please refer to this screen number when contacting your State UI agency.
- <u>Standard Web Interface Features</u>. Many pages include navigation and functions that are common on most websites, including clickable radio buttons, check boxes, drop-down menus, and text fields. Remember to use only the navigation features built into the site. Using browser navigation features to go back, forward, or print could cause you to lose your work.

# 5 Separation Information Requests Screen

After logging in to E-Response you will see the pending separation information request or requests that are associated with the PIN that you entered. A sample screen is shown below.



SIDE <u>S</u> . <i>E-Response</i>	SOUTH CAROL	IN A EMPLOYMENT AND WORK	FEIN: 9999999999 SEIN: 123456788	Sign out
Search by SSN: (Omit Dashes)	Announcement: Welcome to UI SIC	Separation Informati	ion Requests	
Select a Separation Information Request to create a response and/or view/print. Or, select a Separation Information Response to edit, delete or view/print.	SSN: 000-98-9494 Name: WHEELOCK, PHILIPPE M Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Not Started Create Response	₩ <u>View/Print</u>	0
Select "Create Response" to begin a response. Select "Edit Response" to edit information to a response that has not yet been submitted.	SSN: 007-79-8253 Name: RONQUILLO, OSMIN Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Not Started Create Response	₩ <u>View/Print</u>	0
Select "Delete Response" to delete a response that has not yet been submitted. Select "Create Amendment" to change a response that has already	SSN: 561-24-7802 Name: JOHANSON, ALLEN Date Due: 11:59 PM Eastern on 12/24/2011	Response Status: Not Started Create Response	<mark>™</mark> View/Print	0
been submitted. Select "Edit Amended Response" to edit information on an amendment in progress.	SSN: 001-29-3253 Name: BRUNTZ, AMANDA Date Due: 11:59 PM Eastern on 01/14/2012	Response Status: Not Started Create Response	₩View/Print	0
Select "Delete Amended Response" to delete an amended response that has not yet been submitted. Note: Requests remain on the SIDES	No separation requests found for other	PINs.		
E-Response Website for 30 days.	ciation of State Workforce Agencies. All	Rights Reserved.		

At the top left is a "Search by SSN" box. If the list of pending requests is lengthy, you can locate a specific request by entering the SSN to which it relates in this box and clicking [Search].

The list shows each claimant's name, SSN, and the date and time that the separation information response is due to the requesting state. It is important that each response be submitted by its due date to ensure that the information can be used to determine whether the individual is eligible for unemployment benefits.

Response Status Buttons. The buttons shown for each pending request indicates its status.

• If the response has not yet been started, the button will show [Create Response]



- If the response is in progress, you can choose the buttons [Edit Response] or [Delete Response]
- If the response has been submitted, the button will show [Create Amendment].

#### 5.1 Creating a Response

This section takes you step by step in the process of creating and submitting a response. At any point in the process, you can save your work and come back to it later. When you login to work on it later, click the [Edit Response] button which will take you back to the beginning of the response pages. You also have the option of deleting all of the information that you have entered and starting fresh by clicking the [Delete Response] button.

**Note**: Only a limited character set (numbers and letters) may be keyed into text fields. Use care when cutting and pasting from other applications, such as Microsoft Word. Invisible characters such as a paragraph symbol may be pasted into the text field that will cause an error message to be displayed.

To begin work on a response, click [Create Response]. You will then see the CLAIMANT AND **EMPLOYER IDENTIFICATION** page. A sample is shown below.



SIDE <u>S</u> <i>E-Response</i>	SOUTH CAROLI	NA MPLOYMENT AND WORKFORCE	FEIN: 999991000 Sig SEIN: 123456789	gn out	
* indicates a Required Field	Response	e for: SSN: 000-98-9494 Claim Number: 65070 Name: V	VHEELOCK, PHILIPPE M		
Please review Employer Information and enter any corrections.		Claimant and Employer Identificatio Save completed successfully.	n		
Please select SAVE to view any newly required fields due to data input into the system since the last SAVE. Note: Selecting the NEXT or GO buttons will SAVE the data entered before moving away from this screen. Saved data can be changed later if	Requesting State         NJ           State:         L           Agency:         E           Phone:         6095559055           Fax:         6095559014	Claimant Provided Info SSN: Name: Other Last Name Used State Claim Number:	000-98-9494 WHEELOCK, PHILIPPE M		
necessary. If you do not want to save the data entered on this screen, press the CANCEL button before selecting NEXT or GO.	Employer Information Employer Name: State Employer Identification Number: Federal Employer Identification Number:	Information of Record ELDORA ENTERPRISES LTD LIABILITY CO 342424001 841173055	Employer Information (if different)	2 2 2	
TPA: Third Party Administrator <u>Users Guide</u>	Check here if claimant did NOT work	t for this employer uest does NOT represent this employer		2	
	Preparer Information		Enter Information		
	* Who is providing this response?		Employer 🖌 TPA	2	
	★ If the preparer is a TPA, what	t is the TPA company name?	ADP St. Louis	2	
	* Name of the person preparing th	is response?	Donna Grey	9	
	* Job title of the person prepa	ring this response?	Claims Processing Rep	9	
	* Preparer's telephone number parenthesis, dashes or spaces		3335551212	2	
	Preparer's e-mail address?			8	
	Preparer's Fax number? (Only digits, omit parenthesis, dashes or spaces)          Cancel       Save       Main Menu       Next >         Go to Page       Claimant and Employer Identification       Go				
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This page includes a series of pre-populated fields including "Requesting State" information and "Claimant Information." This information cannot be changed.



"Employer Information" is also pre-filled; however, should this information be incorrect, you may provide corrected information. If you enter information into the "Corrected Employer Information" fields, the changed data will be routed to the appropriate State UI agency for review and handling.

Immediately below this section, there is an opportunity to check a box indicating that the request has been sent to you in error either because the individual did not work for your business or, if you are a TPA, that you do not represent the employer for whom the individual worked. If you check one of these boxes, click [Next] which will give you the opportunity to provide comments and submit the response.

In the "Preparer Information" section you will enter information about the entity and person preparing the response.

After completing the required information on the Claimant and Employer Identification page, click [Next]. This will take you to the **ADDITIONAL CLAIMANT INFORMATION REQUEST** page. A sample is shown below.



SIDE <u>S</u> <i>E-Response</i>	SOUTH CAROLII	N A MPLOYME	NT AND	WORKF	ORCE	FEIN: 999991000 SEIN: 123456789	Sign out
* indicates a Required Field	Response	e for: SSN: 000	-98-9494 (	Claim Number	: 65070 Name: WH	EELOCK, PHILIPPE M	
Enter any additional or corrected information.		Addition	al Claim	ant Inforr	mation Reque	st	
	Did the claimant work under any other Social Security Number (SSN)? (Omit dashes)	In 000-98-9494	formation I	of Record		Additional Ir	nformation
	Claimant Name used to file claim: Other Last Name Used:	WHEELOCK	, PHILIPPE	м			?
	State Claim Number:	65070 09/28/2011					
Documents may be attached to this Separation Information Request. <u>Note:</u>	Benefit Year Beginning Date: Type of Claim:	New Initial	Claim				
Some documents may require your	Informational only Attachments:						
response.	Document Name		Document Extension	Size			
Note: Selecting the BACK, NEXT or GO	ExampleDocument1.rtf		RTF	3923	Download		
buttons will SAVE the data entered	ExampleDocument2.pdf		PDF	60040	Download		
before moving away from this screen. Saved data can be changed later if	ExampleDocument3.txt		TXT	25	Download		
necessary. If you do not want to save	ExampleDocument4.tif		TIFF	633832	Download		
the data entered on this screen, press the CANCEL button before selecting	ExampleDocument5.csv		CSV	824	Download		
BACK, NEXT or GO. <u>Users Guide</u>							
	< Back	Cance	el	Save	Main Menu		Next >
	Go to Page	Additional Cla	imant Inform	nation Reques	st	Go	
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On this page you are asked to provide any other SSN or name used by the claimant and to download any documents that the requesting state agency has attached to the request. Please download any attachments, review, and complete any that must be returned with your response.

After reviewing/completing this page, click [Next] which takes you to the **EMPLOYMENT INFORMATION** page. You will enter information about the claimant's employment and earnings with your business on this page, a sample of which is shown below.



SIDES: <i>E-Response</i>	SOUTH CAR	OLINA OF EMPLOYMENT AND WORKFORCE	FEIN: 999991000 SEIN: 123456789	Sign out
* indicates a Required Field	Re	sponse for: SSN: 000-98-9494 Claim Number: 65070 Name	e: WHEELOCK, PHILIPPE M	
Enter all applicable information using the space provided.		Employment Information		
	Claimant's Job Title:	SKI PATROL		2
Please select SAVE to view any newly	Was this seasonal employment?		Yes No	2
required fields due to data input into the	First day of work:	11/25/2005		2
system since the last SAVE.	Last day of work:	04/10/2011		2
Note: Selecting the BACK, NEXT or GO buttons will SAVE the data entered	If the date the claimant was day of work, what was the	separated from employment is different than the actual last date of separation?		2
before moving away from this screen.	What was the claimant's aver	age weekly wage?		2
Saved data can be changed later if necessary. If you do not want to save	What was the average number	er of hours the claimant worked per week?		2
the data entered on this screen, press	What were the total wages ea	arned by the claimant after 10/27/2011:		2
the CANCEL button before selecting BACK, NEXT or GO.	What were the total hours wo	orked by the claimant after 10/27/2011:		2
Users Guide				
	< Back Go to	Cancel Save Main M	fenu Go	Next >
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After entering this information, click [Next] which will take you to the **REASON FOR SEPARATION** page.



SIDES: <i>E-Response</i>	SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE SEIN: 123456789	t
* indicates a Required Field	Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELOCK, PHILIPPE M	
Enter all applicable information using the space provided.	Reason for Separation	
	Claimant Provided Reason for Separation: Temporary Layoff	
N/A: Not Applicable		
	* Employer's Reason for Claimant's Separation:	
Please select SAVE to view any newly required fields because of data input	If the reason for separation is a Labor Dispute, is the claimant not working due to a strike Strike Lockout ?	
into the system since the last SAVE.	Does the claimant have reasonable assurance of returning to work?	
Note: Selecting the BACK, NEXT or GO	If yes, what date do you expect the claimant to return to work?	
buttons will SAVE the data entered	If the claimant is still doing some work, is the claimant working all available Yes No N/A ?	
before moving away from this screen. Saved data can be changed later if	If no, why isn't the claimant working all available hours?	
necessary. If you do not want to save the data entered on this screen, press	0	
the CANCEL button before selecting		
BACK, NEXT or GO.		
<u>Users Guide</u>		
	< Back Cancel Save Main Menu Next >	
	Go to Page Reason for Separation	
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Below are the separation reasons available to you from the "Employer's Reason for Claimant's Separation" drop-down list. If you know the specific number associated with your reason, you may simply type the number of your choice to jump to that reason in the list.

- 1 = Temporary Layoff
- 2 = Laid Off/Lack of Work
- 3 = Fired/Discharged
- 4 = Vacation/Holiday Shutdown
- 5 = Asked to Resign
- 6 = Voluntary Quit/Separation
- 7 = School Employee Between Semesters or Terms, Likely to Return
- 8 = School Employee Between Semesters or Terms, Not Likely to Return
- 9 = Still Employed, Full Time
- 10 = Still Employed, Part Time

- 11 = Still Employed, Hours Reduced by Employer
- 12 = On Call or Temporary Status
- 13 = Leave of Absence
- 14 = Retirement
- 15 = Disciplinary Suspension
- 16 = Labor Dispute
- 17 = Professional Athlete Between Sports Seasons
- 18 = Disaster Related Suspension
- 19 = Other
- 99 = Not Provided



After selecting one of the reasons from the list above, you will be directed to additional pages and asked a series of questions related to that particular reason.

If after you begin answering the questions, you decide that another reason may be more accurate, you may go back and change the reason selected. If you do so, you will see a screen asking you to confirm the change and warning that your answers to the questions related to the prior reason will be deleted.

SIDES: E-Response	SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE SEIN: 123456789
Warning: If you change the reason for separation previously entered for this claimant all of the information you entered pertaining to the original reason for separation will be deleted. However, all general information entered on screens that preced the Reason for Separation screen shall remain. Users Guide	Change Reason For Separation         You have chosen to change the Reason for Separation selected. The Reason for Separation determines the follow-on questions asked.         Responses to questions pertaining to the Reason for Separation being changed will be deleted.         Do you want to continue?         Cancel       Continue
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After completing all the questions related to the reason for separation, click [Next] which will take you to the **ATTACHMENTS** page.



SIDE <u>S</u> <i>E-Response</i>	SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE FEIN: 999991000 SEIN: 123456789 SIgn out
* indicates a Required Field	Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELOCK, PHILIPPE M
<ul> <li>indicates a Required Field if Step 1 is filled in</li> <li>If an attachment to the separation request reply is in Microsoft Word format, choose Save As from the Microsoft Word menu and convert it to RTF (Rich Text Format) or TXT (text) format. If the attachment is in Excel format, choose Save As and convert it to CSV (comma delimited) format.</li> <li>Enter Attachment Information then click on the Save To Table button. Entry will move to Table and clear the data fields.</li> <li>Add additional attachment</li> </ul>	Attachments         Do you have any attachments (up to 10 documents) which support your statement regarding the Reason for Separation?         Acceptable file formats are: csv, pdf, rtf, tiff, txt.         If Yes, go to Step 1 and enter each attachment separately (See HELP on the left side of this screen).         If No, go to the NEXT page.         Step 1: Add Attachments.         > Attachment File Name:         > Describe the document being attached (e.g. Warning Documents, Notice of Separation):         Reset       Save to Table
Information. Repeat as needed. To view or edit an Attachment in the table, click the radio button to the left of the Attachment and then click on the View/Edi button. The information will appear in the data entry section above and may be edited. Then, Save to Table. To remove an Attachment from the table, click on the radio button to the left of the Attachment and click on the Delete button. Users Guide	It be below. 'Save to Table' before moving from this screen to save data.  Step 2: Review/Edit Entries.    Response Attachments   Select   Document Description   No Records Found.     View/Edit   Delete     Attachments   So to Page   Attachments   So to Page     Attachments     So to Page
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If you have attachments that support the reason for separation you have provided you may enter them here. The following file types can be attached to the Separation Request or Response:

Туре	Description	Programs to Use to Access
RTF	A rich text format document	Most word processing applications
PDF	An Adobe PDF	Adobe PDF Reader or Adobe PDF



Туре	Description	Programs to Use to Access
TXT	A text file	All word processing applications and all text editors (Notepad, vi, etc)
TIFF	A tiff image file	Graphical tools and picture tools
CSV	A comma-separated values file	Most spreadsheet programs and database management systems

After attaching any supporting documents click [Next] to go to the **SUBMISSION** page. A sample is shown below.

SIDE <u>S</u> <i>E-Response</i>	SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE SEIN: 123456789		
Please view your Separation	Response for: SSN: 007-79-8253 Claim Number: 1 Name: RONQUILLO, OSMIN		
Information Response. If correct, click on the Submit button to send the	Submission		
Separation Information to the State Unemployment Insurance office. You will receive a confirmation number on	View/Print		
successful submission.	< Back Main Menu Submit to State		
If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend.			
<u>Users Guide</u>			
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The [Submit to State] button will be grayed out until the system has determined that the Separation Response is fully compliant with the data input validation and business rules.



If there are errors with the business or validation rules, you will see links on this screen displaying the screen and field name in question. See SUBMISSION screen with errors below.

SIDE <u>S</u> <i>E-Response</i>	SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE SEIN: 123456789 SEIN: 123456789
Please view your Separation Information Response. If correct, click on the Submit button to send the Separation Information to the State Unemployment Insurance office. You will receive a confirmation number on successful submission. If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend. Users Guide	Response for: SSN: 001-29-3253       Claim Number: 1       Name: BRUNTZ, AMANDA         Submission         Image: Comparison of the comparison of
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Simply click on the link in order to be directed to the screen and error.

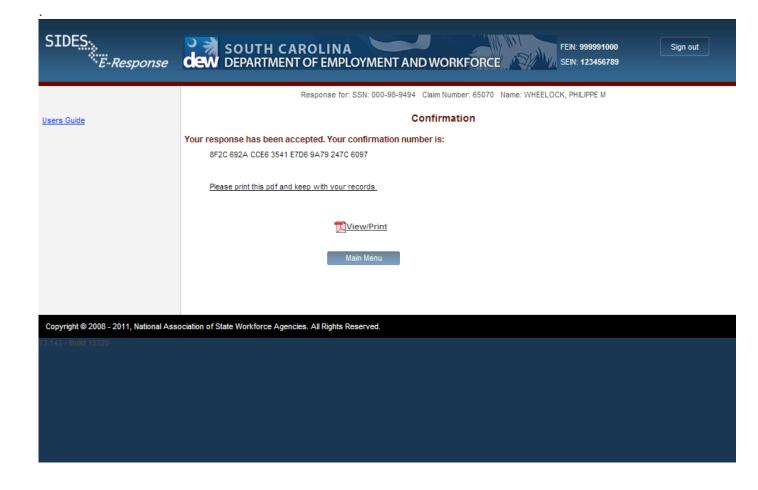
When the Separation Response has been successfully validated, you can submit it to the State UI agency.

You may print the Separation Response at any time by clicking the <u>View/Print</u> link. It will display in Adobe PDF format and can be printed from an Adobe Acrobat reader. You will be able to see all information you entered up to the time of printing as well as the information on the Separation Request.

As with other important steps in the editing of a Separation Response, a warning screen will appear to make sure you are fully prepared to submit to the State.

After you click [Submit] you will see a **CONFIRMATION** page, sample below, which provides your confirmation number. Keep this confirmation number in your files. The confirmation number will also appear at the top of the PDF under the <u>View/Print</u> link. We strongly recommend you print a copy of your submission for your records. You may also save an electronic copy of the PDF document; however the PDF document is deleted from the web site after 30 days.





# 6 Amending a Submitted Response

After you submit a response, it remains on the SIDES E-Response website for 30 days from the date of the request; during that period you can correct the response or add additional information. However, any changes made to the response <u>after the due date for submission</u> to the requesting state agency may or may not be used in determining the individual's eligibility for unemployment benefits depending on state policy.

To amend a response, log-in to E-Response using the appropriate PIN (either a permanent PIN issued by the state to which the response was submitted or a one-time PIN linked to the request for which the response was submitted.) Identify the case on the SEPARATION INFORMATION REQUESTS page and click [Create Amendment]. You will then see the same series of screens that were presented when you created your submitted response. Make whatever changes are needed on those screens. Before submitting the Amended Response, you will be asked to explain why you are amending your previous submission and what has changed. See sample AMENDED RESPONSE page below.



SIDES. <i>E-Response</i>	SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE SEIN: 123456789	
* indicates a Required Field	Response for: SSN: 000-98-9494 Claim Number: 65070 Name: WHEELOCK, PHILIPPE M	
Enter all applicable information using the space provided.	Amended Response	
	Amended Response Number 1	
Note: Selecting the BACK, NEXT or GO buttons will SAVE the data entered before moving away from this screen. Saved data can be changed later if necessary. If you do not want to save the data entered on this screen, press the CANCEL button before selecting BACK, NEXT or GO. Users Guide	* Why is the response being amended and what changed?  Cancel Save Main Menu Next >  Go to Page Amended Response  Go	
	ociation of State Workforce Agencies. All Rights Reserved.	
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