GEORGIA DEPARTMENT
OF LABOR

EMPLOYER-FILED
CLAIMS GUIDE

CONTENTS

What is an Employer-Filed Claim? 3
- Purpose 3
- Benefits 3
- Eligibility 3
- Guidelines 4

How Do I Submit an Employer-Filed Claim? 6
- Overview 6
- Single Claim Entry 6
- Multi Claims Upload 7
- Upload Results 7
- Need Help? 7
- Exhibit 1. Employer-Filed Claim Excel Record Layout Specifications 8

What Do I Need to Tell My Employees? 13

View Employer-Filed Initial Claims 14

Frequently Asked Questions 15

WHAT IS AN EMPLOYER-FILED CLAIM?

PURPOSE	Employer filed claims (EFC), also known as partial claims, 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 employer-filed claim (EFC) 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.

WHAT IS AN EMPLOYER-FILED CLAIM?

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)* 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.
- 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.

WHAT IS AN EMPLOYER-FILED CLAIM?

GUIDELINES

- 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 View Employer-Filed Initial Claims section 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
- 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

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

STEP	ACTION
1	Go to the GDOL website at dol.georgia.gov.
2	Select Employers...Employer 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. RESULT: The Employer Account at a Glance page will display.
5	Select the File Employer-filed Claims link under Common Links.
6	Select Option 2 (radio button) Enter an Employer-filed Claims for each employee for each week ending date.
7	Select Continue.
8	Read the *Employer Affidavit For Filing Unemployment Insurance Certifications For Specified Employees* carefully.
9	Check the box under Employer Affidavit acknowledging you understand the penalties for filing unlawful claims.
10	Enter the week ending date for the first pay week.
11	Select Agree to continue or Clear Entries to clear all data on the page.
12	Follow the on-screen instructions to enter a claim for each individual employee.

HOW DO I SUBMIT AN EMPLOYER-FILED CLAIM?

MULTI CLAIMS UPLOAD

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

STEP	ACTION
1	Go to the GDOL website at dol.georgia.gov.
2	Select Employers...Employer 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. RESULT: The Employer Account at a Glance page will display.
5	Select the File Employer-filed Claims link under Common Links.
6	Select the Record Layout Specifications link.
7	Select the Download template link.
8	Save the Excel template to your computer.
9	Enter your employee's information into the Excel spreadsheet template following the record layout specifications in Exhibit 1. TIP: Your file name must be a maximum of 50 characters. Save a separate file for each week ending date for your records.
10	When you are ready to upload your Excel file, select Option 1 (radio button) to Upload a properly formatted Excel spreadsheet (provided) of Employer-Filed Claims for a week ending date.
11	Select Continue.
12	Review the Employer Affidavit for Filing Unemployment Insurance Certifications for Specified Employees.
13	Select the checkbox to acknowledge the affidavit.
14	Select Browse to navigate to the file stored on your computer. Upload the completed Excel spreadsheet. NOTE: The Select file type field defaults to Excel.
15	Select Open to upload the file.
16	Select Continue.

UPLOAD RESULTS

If the upload was successful, the message The Employer-Filed Claims upload was successful 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 partialclaims@gdol.ga.gov or 404-232-3050 for assistance.

HOW DO I SUBMIT AN EMPLOYER-FILED CLAIM?

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	TYPE	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)
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)

FIELD NAME	TYPE	MAXIMUM SIZE	ALIGNMENT	REQUIRED	DESCRIPTION
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)
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

FIELD NAME	TYPE	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)
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

FIELD NAME	TYPE	MAXIMUM SIZE	ALIGNMENT	REQUIRED	DESCRIPTION
EAD Provided	Numeric	2	Left Justified	Y	Employment Authorization Document provided. Use the number before the description, when entering in the excel document. example: 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 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)

FIELD NAME	TYPE	MAXIMUM SIZE	ALIGNMENT	REQUIRED	DESCRIPTION
Return to Work 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)
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 TO ALL EMPLOYEES

Please advise your employees of the following:

- Read and immediately follow the instructions provided in the *GDOL Employer-Filed Claim Employee Instructions (DOL-5198)*, 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 canceling 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

- 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.

FREQUENTLY ASKED QUESTIONS

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 Administrator Guide 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* to employees for whom EFCs have been or will be submitted as of December 6, 2021.

FREQUENTLY ASKED QUESTIONS

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)* 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 worksourcegaportal.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 partialclaims@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.

FREQUENTLY ASKED QUESTIONS

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.



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