# Welcome

### to the Unemployment Benefits Services Tutorial



### **How to Complete Earnings Verifications Online**

## **Unemployment Insurance Benefits Earnings Verification System**

State law requires that both employers and claimants report earnings correctly.

Use our Unemployment Insurance Benefits Earnings Verification system to respond to the Request for Earnings Information letter and Earnings Verification form.

TWC uses earnings information to determine whether a claimant's unemployment benefits are paid correctly. When the earnings amounts provided by the claimant and employer differ, the claimant's unemployment benefits may be adjusted.

**Getting Started** 

#### What You Will Need

To log on, you need the claimant's Social Security number and an Access Key, provided on the Request for Earnings Information letter or Earnings Verification form.

| SWORK POR  |   | TWC Home   TWC Contact Information  |
|--|---|---|
| COMMISSION   | Unemployment Insurance Benefits Earnings Verification   |   |
|  |   |   |
| Logon<br>From the upper left-<br>Key. Your data will r<br>* indicates required                 | nand comer of the Earnings Verification form, enter the claimant's Social Security Number and the Access<br>not be submitted if you logoff before receiving a confirmation message.<br>information  | Technical Requirements     Recommended browsers are Internet     Explorer, Firefox, Chrome or Safari.     Click on the respective link to download     the latest free version upgrade.      Public Computer     If you are using a computer in a public     place, loop of and close the browser |
| Social Security N<br>Access Key:   | Number. * [   | when you are finished entering<br>information. This is for your protection<br>and will prevent someone else from<br>viewing your information.   |
| Under Texas state rule, us<br>Work force Commission or<br>information submitted on th<br>Logon | age may be subject to security testing and monitoring, applicable <u>privacy provisions</u> , and criminal prosecution for misuse or unauthorized use. I<br>Silects personal information entered into electronic forms on this Internet site. For more information on your rights to request, review and co<br>is electronic form, please see TWC's <u>Privacy and Security Information</u> . | Accessibility<br>Equal Opportunity is the Law<br>Texas<br>orrect  |

### Getting Started ...

TWC first needs to know if the claimant is still working for the employer, and if they worked in the weeks indicated in the box.

|                 | Unemployme  | ent Insurance Benefits Earnings Verification |  |
|-----------------|---|--|--|
|                 |   |  |  |
|                 | Employment Information  |  |  |
|                 | * indicates required information  |  |  |
|                 | TWC Account Number.   | 01-001001-0                                  |  |
|                 | Employer Name:  | TWC EMPLOYER                                 |  |
|                 | Claimant Name:  | John Doe                                     |  |
| A               | Social Security Number:   | 123-45-6789                                  |  |
| Answer both     | Is the claimant currently working for thi   | is employer?                                 |  |
| questions,      | ★ ○Yes ○No  |  |  |
| then click      | Did the claimant work for this employer during any of the weeks listed below?   |  |  |
| "Next" to go    | ★ ○Yes ○No  |  |  |
| to the          | • The 7-Day Weeks listed may not always be consecutive; there may be a break or gap between some of the 7-Day Weeks listed. |  |  |
| Employment      | 1-1 of 1  |  |  |
| Details screen. |   | 7-Day Week                                   |  |
|                 | Dec 18, 2016 through Dec 24, 2016   |  |  |
|                 | Next  |  |  |

## **Employment & Earnings Details**



Unemployment Insurance Benefits Earnings Verification

#### **Employment Details**

- Provide the claimant's employment information.
- \* indicates required information

Previous

Next

| TWC Account Number.     | 01-001001-0                |
|-------------------------|----------------------------|
| Employer Name:          | TWC EMPLOYER               |
| Claimant Name:          | John Doe                   |
| Social Security Number. | 123-45-6789                |
|                         |                            |
| First Date Worked:      | * Month V Day Vear.        |
| Last Date Worked:       | ★ Month ∨ Day ∨ Year.      |
| Type of Separation:     | ★ O Lay Off O Quit O Fired |
|                         |                            |

Need help? 📔

If the claimant is *not currently working for the employer*, you will be taken to the Employment Details screen. Provide the first and last dates the claimant worked, and indicate the type of job separation.

If the claimant is currently working for the employer, you will go directly to the "Earnings Details" screen on the next page.

### Employment & Earnings Details ...

Enter the Actual Gross Earnings for the claimant for each 7-day week listed.

- TWC defines the 7-day week as Sunday to Saturday
- Actual Gross Earnings should include only those wages earned through actual work (do not include vacation, severance, or other additional pay)
- Use whole dollar amounts, rounding down, without symbols or punctuation.

| HANNORKODORE  | Jnemployment Insurance Benefits Earnings Verification |  |
|---|---|--|
|   |   |  |
| Earnings Det  | S Need help?  |  |
| *indicates required in  | nation  |  |
| TWC Account Nu  |   |  |
| Employer Name:  |   |  |
| Employer Marine.  |   |  |
| Claimant Name:  | John Doe  |  |
| Social Security N   | ver. 123-45-6789                                      |  |
| <ul> <li>Enter the Actual Gross Earnings for the claimant for each 7-Day Week listed. Use whole dollar amounts, rounding down. For example, \$354.75 should be reported as 354 without \$ sign or any punctuation.</li> </ul> |   |  |

| 7-Day Week                   |     | Actual Gross Earnings |
|------------------------------|-----|-----------------------|
| Dec 18, 2016 to Dec 24, 2016 | \$0 |                       |

## Submitter Information

Enter your first and last name, and phone number in the submitter information fields.



### Review & Submit

#### Ensure that information is correct.

| COMMISSION Unemployment  | nt Insurance Benefits Earnings Verification   |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
| Review and Submit  |   |  |  |  |
| Review and edit the Earnings Verification     Click Submit to complete the Earning | <ul> <li>Review and edit the Earnings Verification information as needed.</li> <li>Click Submit to complete the Earnings Verification. A printer-friendly confirmation page will dis play.</li> </ul> |  |  |  |
| ★ indicates required information   |   |  |  |  |
| TWC Account Number:  | 01-001001-0   |  |  |  |
| Employer Name:   | TWC EMPLOYER  |  |  |  |
| Claimant Name:   | John Doe  |  |  |  |
| Social Security Number:  | 123-45-6789   |  |  |  |
| Employment Information   |   |  |  |  |
| Ed It Employment Information   |   |  |  |  |
| Is the claimant currently working for<br>this employer?                            | No  |  |  |  |
| Did the claimant work for this employer<br>during any of the weeks listed below?   | Yes   |  |  |  |
| Employment Details   |   |  |  |  |
| Edit Employment Details  |   |  |  |  |
| First Date Worked:   | Dec 10, 2016  |  |  |  |
| Last Date Worked:  | Jan 02, 2017  |  |  |  |
| Type of Separation:  | Fired   |  |  |  |

#### Review & Submit ...

If so, check the box certifying that you are authorized to submit the earnings data on behalf of the employer, and that the information is true, accurate, and complete, then click the "Submit" button.

If any of the data is not correct or complete, select the "Previous" button to return to the previous page and correct.

| Submitter Information  |                |                       |
|--|----------------|-----------------------|
| Ed it Submitter information  |                |                       |
| Submitter Name:  | Your Name      |                       |
| Phone Number:  | (800) 252-3642 |                       |
| Eamings Details  |                |                       |
| Ed It Earnin gs Detail s   |                |                       |
|  | 7 - Day Week   | Actual Gross Earnings |
| Dec 18, 2016 to Dec 24, 2016   |                | \$7.50                |
| ★ By check ing this box, I certify that I am authorized to submit this information on behalf of this employer<br>and the information I give is true, accurate, and complete. |                |                       |
| Submit Previous  |                |                       |

## Confirmation



Unemployment Insurance Benefits Earnings Verification

(800) 252-3642

#### Confirmation

Phone Number:

| <b>O</b> The Earnings Verification has been submitted on January 11, 2017 08:05 AM. |              | confirmation will appear on |  |
|---|--------------|-----------------------------|--|
| TWC Account Number:   | 01-001001-0  | the next nego to indicate   |  |
| Employer Name:  | TWC EMPLOYER | the next page to indicate   |  |
| Claimant Name:  | John Doe     | you have successfully       |  |
| Social Security Number:   | 123-45-6789  | completed the Earnings      |  |
|   |              | Verification.               |  |
| Employment Information  |              |                             |  |
| Is the claimant currently working for<br>this employer?                             | No           |                             |  |
| Did the claimant work for this employer<br>during any of the weeks listed below?    | Yes          |                             |  |
| Employment Details  |              |                             |  |
| First Date Worked:  | Dec 10, 2016 |                             |  |
| Last Date Worked:   | Jan 02, 2017 |                             |  |
| Type of Separation:   | Fired        |                             |  |
| Submitter Information   |              |                             |  |
| Submitter Name:   | Your Name    |                             |  |

Onco you click "Submit" a

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### Confirmation ...

Once you have successfully submitted the earnings verification data, you may review, print, or save the confirmation page, which provides proof of submission.

| Certification  |                       |
|--|-----------------------|
| By checking this box, I certify that I Yes<br>am authorized to submit this<br>information on behalf of this employer<br>and the information I give is true,<br>accurate, and complete. |                       |
| Eamings Details  |                       |
| 7-Day Week   | Actual Gross Earnings |
| Dec 18, 2016 to Dec 24, 2016   | \$750                 |
|  |                       |
|  |                       |
| To enter another Earnings Verification, <u>Return To Logon</u>   |                       |

Congratulations! You have now completed the Earnings Verification form online.

### Still need help?

Call TWC's Benefit Payment Control Unit at (512) 372-6161 or (512) 372-6173 to speak with one of our customer service representatives.