Georgia DOL | DEPARTMENT of LABOR

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! ALERT: NEW Information for filing for unemployment, mandatory filing by employers for partial claims, and reemployment services

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LABOR COMMISSIONER MARK BUTLER

Georgia DOL **Department of Labor**

Do not bookmark the link to this page. You should access the portal directly through our website.

Employer Portal Login

⚠️ The Georgia Department of Labor (GDOL) has adopted an emergency Rule 300-2-4-0.5 Partial Claims, effective March 16, 2020. The rule mandates all Georgia employers to file partial claims online on behalf of their employees for any week during which an employee (full-time/part-time) works less than full-time due to a partial or total company shutdown caused by the COVID-19 public health emergency. Any employer found to be in violation of this rule will be required to reimburse GDOL for the full amount of unemployment insurance benefits paid to the employee. Download the How Employers File Partial Claims Desk-Aid found on the GDOL Alert Page and follow the step-by-step instructions. Filing partial claims results in your employees receiving unemployment insurance (UI) benefit payments faster, usually within 48 hours for claims filed electronically. Employees for whom you file a partial claim are NOT required to report to a Georgia Department of Labor career center, register for employment services, or look for other work.

Welcome to the Georgia Department of Labor Employer Portal. All first time users are required to Establish Administrator Access. The first person establishing access is the administrator for the Employer's account and will be responsible for managing all other users on this portal.

DO NOT BOOKMARK EMPLOYER PORTAL PAGES!

Select the **Employers menu..Employer Portal** on the GDOL Home Page to access this site. Please do not bookmark pages within the portal. You must begin navigation from the login page.

View the **Administrator Guide** for complete instructions on how to register an account with the Employer Portal.

Username: [_____]

Password: [_____]

[Login]

Establish Administrator Access   Reset Password?   Forgot Username?

Administrator Guide

Employer Portal Login

⚠️ **The Georgia Department of Labor (GDOL) has adopted an emergency Rule 300-2-4-0.5 Partial Claims, effective March 16, 2020. The rule mandates all Georgia employers to file partial claims online on behalf of their employees for any week during which an employee (full-time/part-time) works less than full-time due to a partial or total company shutdown caused by the COVID-19 public health emergency. Any employer found to be in violation of this rule will be required to reimburse GDOL for the full amount of unemployment insurance benefits paid to the employee. Download the How Employers File Partial Claims Desk-Aid found on the GDOL Alert Page and follow the step-by-step instructions. Filing partial claims results in your employees receiving unemployment insurance (UI) benefit payments faster, usually within 48 hours for claims filed electronically. Employees for whom you file a partial claim are NOT required to report to a Georgia Department of Labor career center, register for employment services, or look for other work.**

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> Enter information here if you have already created a **Username and Password**

Username: `testingxxx`

Password: `•••••••••••`

👉 Login

> - **Establish Administrator** – First time accessing the Employer Portal
> - **Reset Password** – To retrieve password on account already set up
> - **Forgot Username** – To retrieve username on account already set up

Establish Administrator Access   Reset Password?   Forgot Username?

Georgia
DOL Department of Labor

User Account Information

User Account

My Account

User Change Password

User Security Questions Update

File Employer Filed Claims (Partial Claims)

Employer Filed Claims (Partial Claims) Upload Specifications

Employer Dashboard

User Details

Name   A   Williams

Email   A.Williams@ThisisTest.com

Contact Numbers   Preferred - (404) 233-1234

Edit User Information

Registered Account

287321-04 - EMPLOYEES R US

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Employer Handbook

Georgia DOL **Department of Labor**

Employer Filed Claims

EMPLOYEES R US
Account Number: 28732104
Employer Filed Claims may be submitted by upload or manual entry. Select the desired method to begin filing Employer Filed Claims.

☞ 1. ● Upload a properly formatted Excel spreadsheet of Employer Filed Claims for a week ending date. Your file must meet the Employer Filed Claims Upload Specifications to ensure the file is accepted and claims are filed.

    1. Record Layout Specifications

    2. 📊 Download template

2. ○ Enter an Employer Filed Claims for each employee for each week ending date.

[Continue] [Clear]

- Select the **Upload a properly formatted Excel spreadsheet (provided) of Employer Filed Claims for a week ending date** radio button.
- Click Continue

It is recommended that you download the provided **Employer Filed Claims Upload Excel template** and save it in your documents. Also print the **Record Layout Specifications** to assist in completing the template.

Employer Filed Claims

EMPLOYEES R US

Record Layout Specifications

You must use the provided template. Do not alter the template header.   Download Template

Employer Affidavit For Filing Unemployment Insurance Certifications For Specified Employees

I certify by the use of this transaction that the individual(s) submitted for unemployment benefits for this week:

1. are full or part-time employees;

2. are citizens or authorized to work in the United States;

3. are laid off temporarily for lack of work only;

4. are not on vacation at their own request; if on an employer established vacation or plant shutdown/closure, the circumstances causing such vacation or plant shutdown/closure are outside the employer's control and directly affect the employer's business;

5. are not on scheduled/customary vacation, scheduled/customary plant shut down, or scheduled/customary plant closure. (O.C.G.A. Section 34-8-195);

6. have accepted all work made available to them;

7. are without or has reduced earnings or are expected to return to work when the COVID-19 health emergency ends;

8. have been asked to report any odd - job earnings and that earnings will be recorded in the appropriate field;

9. are not receiving a retirement pension;

10. have been asked if they want to have State or Federal income taxes deducted from their weekly unemployment benefits and responses will be recorded in the appropriate field;

11. earned all wages during the base period in Georgia, and had no out of state, federal or military employment within the last 18 months;

12. did not perform services to, for, with, or on behalf of a school or educational institution (this includes public and private schools or educational institutions and pre-K providers) and employee is not working due to a lack of work other than because of school closure, (e.g. Summer break, customary school vacation period or holiday recess).

You must indicate acknowledgement of the information shown above to proceed.

Employer Affidavit *

☐ I understand that the law provides penalties for submitting false claims. I further understand that under the Rules of the Department, any employer found to be abusing the purpose and intent of the Partial Claims Program will be prohibited from using the Partial System for a period of three years from the time of discovery of the violation.

You should read and attest to the Employer Affidavit and acknowledge by checking the box .

Let's take a look at the Record Layout Specifications and the Employer Filed Claims Upload Excel template…

The letter(s) next to each field corresponds with the letter(s) on the spreadsheet
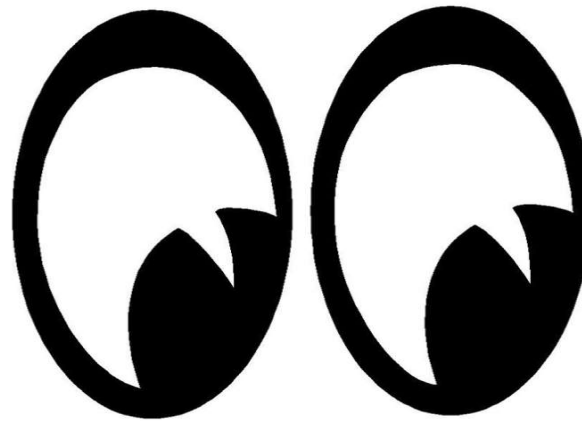
Employer Filed Claims

Each employer filed claim record must include a valid Social Security Number (SSN) in the proper format for a successful submission.

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
A	Social Security Number	Numeric	11	Right Justified	Y	The employee's SSN (example 123-45-6789 or 123456789)
B	WED	Numeric	10	Left Justified	Y	Enter the week ending date (MM/DD/YYYY)
C	First and last Name	Alphabetic	30	Left Justified	Y	Enter the employee's first and last name
D	Street Mailing Address	Alphanumeric	25	Left Justified	Y	Enter the employee's street mailing address
E	Mailing City	Alphabetic	12	Left Justified	Y	Enter the employee's mailing city
F	Mailing State	Alphabetic	2	Left Justified	Y	Enter the employee's mailing state
G	Mailing Zip	Numeric	5	Left Justified	Y	Enter the employee's mailing zip
H	Employee's County of Residence	Alphabetic	35	Left Justified	Y	Enter the employee's county of residence
I	Telephone Number	Numeric	14	Left Justified	Y	Enter the employee's telephone number
J	Date of Birth	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Enter the employee's date of birth
K	Gender	Alphabetic	1	Left Justified	Y	Enter the employee's gender (M = male, F = female,

	A	B	C	D	E	F	G	H	I	J	K
1	SSN	WED	First and last name	Mailing Street	Mailing City	Mailing State	Mailing Zip	Residence County	Telephone	DOB	Gender
2	221546325	3/14/2020	test tester	123 Main Street	Atlanta	GA	30303	Fulton	4042323333	5/28/1970	F
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

L	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)
M	Race	Alphabetic	1	Left Justified	Y	Enter race(1 = White, 2 = Black, 3 = Asian, 4 = American Indian/Alaskan Native, 5 = Hawaiian/Pacific Islander, 6 = Multiracial)
N	Physical Handicap	Alphabetic	1	Left Justified	Y	Enter the employee's has a disability(Y = Yes, N = No, U = Unknown)
O	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)
P	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)
Q	Earned < $7300	Alphabetic	1	Left Justified	Y	Did the employee earn at least $7300 in your employ? (Y = Yes, N = No)
R	Earned < $7300 Amount	Numeric	4	Left Justified	Y	Amount employee earned (Earned wages must be four digits. Example: $1234)
S	Week Gross	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)
T	Other Employer Weekly Gross	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)
U	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.
V	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.

	L	M	N	O	P	Q	R	S	T	U	V
1	Race	Race-Hispanic	Disability	Fed Tax Deduct	State Tax Deduct	Earned<7300	Earned<7300 Amount	Weekly Gross	Other Employer Weekly Gross	Other Last Name 1	Other Last Name 2
2	6	N	N	Y	Y	Y		25050			
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

> Column Q = **Y**
  if employee earned more than $7,300 during the entire time employed with the company.

> If column Q = **Y**, leave Column R blank

> If column Q = **N**,
  the total amount earned (less than $7,300) during the entire time employed with the company should be entered in column R, per the specifications layout description.

W	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.
X	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)
Y	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)
Z	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)
AA	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)
AB	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)

AC	Citizen	Alphabetic	1	Left Justified	Y	Is employee a US citizen? (Y = Yes, N = No)
AD	Alien Registration Number	Alphanumeric	15	Left Justified	Y	Employment Authorization Number
AE	Expiration Date	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Employment Authorization Expiration Date
AF	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

- 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

	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	Other Last Name 3	Other SSN 1	Other SSN 2	Other SSN 3	Edu Worker	School Closure	Citizen	Alien Registration Number	Expiration Date	EAD Provided
2					N		Y			
3										

➤ If column AA = **N**
   no information should be entered in column AB.

➤ If column AC = **Y**
   no information should be entered in columns AD - AF.

➤ If column AC = **N,**
   columns AD - AF must be completed per the specifications layout description.

AG	Disaster	Alphabetic	1	Left Justified	Y	Is this claim being filed because of a federally declared disaster? (Y = Yes, N = No)
AH	Date of disaster	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Date of disaster
AI	Shutdown	Alphabetic	1	Left Justified	Y	Is the work location completely shutdown due to the disaster? (Y = Yes, N = No)
AJ	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)
AK	Paid during shutdown	Alphabetic	1	Left Justified	Y	Will the employees be paid for the shutdown period? (Y = Yes, N = No)
AL	Work Location County	Alphabetic	20	Left Justified	Y	Provide the name of the county of the work location?
AM	COVID-19 Out of work	Alphabetic	1	Left Justified	Y	Is employee out of work as a result of COVID-19? (Y = Yes, N = No)

	AG	AH	AI	AJ	AK	AL	AM
1	Disaster	Date of disaster	Shutdown	Return to Work Date	Paid during shutdow	Work Location County	COVID-19 Out of wor
2	N						Y
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

➢ If column AG = **N**
no information should be entered in columns AH - AL.

COVID-19 separations are not considered a Disaster

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.

Click appropriate image below to download a copy of the Microsoft Excel to create an Employer Filed Claims upload file.

Employer Filed Claims Upload Excel template:

You can also download the Employer Filed Claims Upload Excel template from the bottom of the Records Layout Specifications page

Continue   Exit

You must use the provided template. Do not alter the template header. Download Template

Employer Affidavit For Filing Unemployment Insurance Certifications For Specified Employees

I certify by the use of this transaction that the individual(s) submitted for unemployment benefits for this week:

1.   are full or part-time employees;

2.   are citizens or authorized to work in the United States;

3.   are laid off temporarily for lack of work only;

4.   are not on vacation at their own request; if on an employer established vacation or plant shutdown/closure, the circumstances causing such vacation or plant shutdown/closure are outside the employer's control and directly affect the employer's business;

5.   are not on scheduled/customary vacation, scheduled/customary plant shut down, or scheduled/customary plant closure. (O.C.G.A. Section 34-8-195);

6.   have accepted all work made available to them;

7.   are without or has reduced earnings or are expected to return to work when the COVID-19 health emergency ends;

8.   have been asked to report any odd - job earnings and that earnings will be recorded in the appropriate field;

9.   are not receiving a retirement pension;

10.   have been asked if they want to have State or Federal income taxes deducted from their weekly unemployment benefits and responses will be recorded in the appropriate field;

11.   earned all wages during the base period in Georgia, and had no out of state, federal or military employment within the last 18 months;

12.   did not perform services to, for, with, or on behalf of a school or educational institution (this includes public and private schools or educational institutions and pre-K providers) and employee is not working due to a lack of work other than because of school closure, (e.g. Summer break, customary school vacation period or holiday recess).

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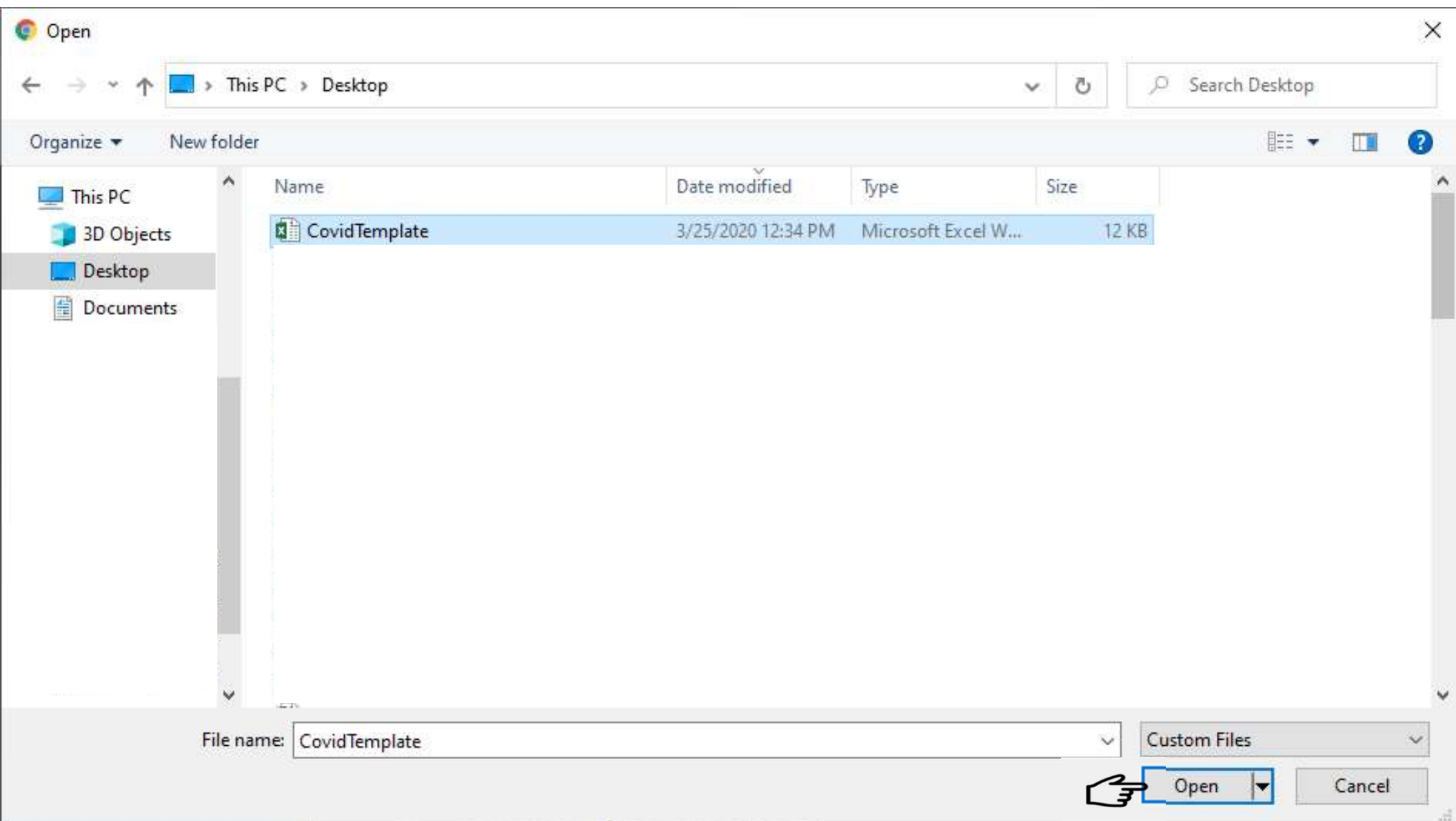
Employer Account Number   28732104

Select file type: *   [Excel ▼]

Select file to be uploaded: *   [Choose File] No file chosen

[Continue] [Clear] [Back]

You must indicate acknowledgement of the information shown above to proceed.

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Employer Account Number   28732104

Select file type:*   Excel ▼

Select file to be uploaded:*   Choose File CovidTemplate.xlsx

Continue   Clear   Back

If…	Then…
Upload is successful	**"The Employer Filed Claims upload was successful"** will display. **Click the Close button.** **Employer Filed Claims** The Employer Filed Claims upload was successful. Close
Upload is rejected	**"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."** **Repeat steps to upload the template.** **Employer Filed Claims** The Employer Filed Claims upload was rejected. The table below shows the error(s). Please make the corrections and upload the file again. | SSN	ERROR DESCRIPTION	ROW NUM
---	---	---
6325	Citizen required	2	 1 To be directed to the upload page please follow the link Employer Filed Claims Upload