

# EMPLOYER RESPONSE

## Online Program User Guide

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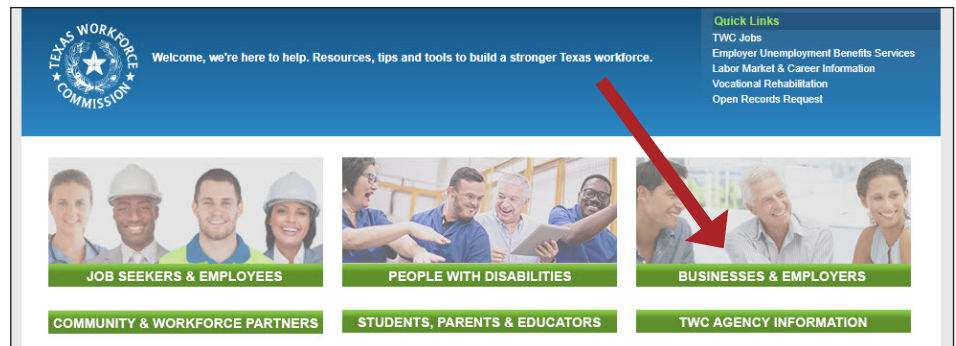
**Employer Benefits Services**

## Introduction

The Texas Workforce Commission (TWC) Employer Response allows employers the opportunity to respond to a Notice of Application for Unemployment Benefits or Request for Work Separation Information online. Employers have a limit of five attempts to successfully complete the response. If they exceed the limit, they must submit the response by phone, fax, or mail. The phone number, fax number, and mailing address are found on the Notice of Application for Unemployment Benefits and Request for Work Separation Information.

## Getting Started

To respond to a Notice of Application for Unemployment Benefits or a Request for Work Separation Information, access the **Businesses & Employers** page on the **TWC** homepage.



On the **Businesses & Employers** page, select the **Unemployment Claim Management & Appeals** link.



Select **Logon to Employer Response** to begin.

## Fraud Warning

If the applicant is still working for you or never worked for you, notify TWC immediately using our **UI Fraud Submission** portal and respond to the claim by logging in to **Employer Response**. When you respond to the claim, select **Never Worked Here** or **Still Working** when prompted for a work separation reason. The claim may be fraudulent, and your employee may be a victim of identity theft. For more information visit our **Unemployment Benefits Fraud and Reporting Fraud** webpages.

Home > Businesses & Employers > Unemployment Claim Management & Appeals

### Employer Response to Notice of Application for Unemployment Benefits

On this page:

- [Respond to Notice of Application or Request for Work Separation Information](#)
- [Technology Requirements & Privacy](#)
- [Frequently Asked Questions](#)
- [Servicio en Español](#)

**Respond to Notice of Application or Request for Work Separation Information**

If you received a Notice of Application for Unemployment Benefits or a Request for Work Separation Information, use our Employer Response to Notice of Application system to submit your response.

**You will need:**

- [Applicant's Social Security Number](#)
- [Access Key](#), printed on the upper right hand corner of your notice

[Logon to Employer Response](#)

**About Responding Online**

The online system asks for the same information as the notice [TWC](#) mailed you.

When you submit the response, the system displays a confirmation. Print or save the confirmation page for your records, or record the confirmation number on your notice, so you will have it if needed in an appeal.

If your [TWC](#) Account Number is different than the number on the Notice of Application for Unemployment Benefits we mailed to you, enter the correct account number in the Comments, Additional Information or Explanation field. A [TWC](#) representative will update the information on your account.

If we need additional information about your response, a [TWC](#) representative will contact you.

You may not change your response online once you receive a confirmation number. If you need to speak to us about the response, call the phone number shown on the Notice of Application for Unemployment Benefits.

If you experience difficulties using the system, mail or fax your response using the information provided on the Notice of Application for Unemployment Benefits, or call the number provided on the response.

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**Frequently Asked Questions**

- [Employer response](#)
- [Address changes](#)

**Servicio en Español**

Para servicio en español, comuníquese con un [Tele-Centro de la TWC](#)

## Employer Response Logon

Log in using the applicant's Social Security number (SSN) and Access Key.

The applicant's SSN and Access key are found at the upper right corner of the Notice of Application for Unemployment Benefits or Request for Work Separation Information. You cannot log in without the applicant's SSN and Access Key.

Remember, it is a good idea to read everything on a page. Important information or help is always provided. If there is a link, select the link for more information if you need it.

Select **Logon** to continue.

## Note

If you have trouble logging in to your account, you can fax or mail the response using the information on the notice, or you can upload the response using our **document upload** portal. If you are using a Virtual Private Network (VPN), temporarily disable it before you log in. You also may try clearing the browser's cache then log in again.

**TexasWorkforce** **Unemployment Insurance**  
Employer Response to Notice of Application

Go Paperless! Register to use the new Employer Benefits Services portal then sign up to receive Electronic Correspondence. Select [Sign-Up](#) to learn more about this convenient and time saving service.

### Logon

\*Indicates required information

[Applicant's Social Security Number:](#) \*

[Access Key:](#) \*

Under [Texas state rule](#), usage may be subject to security testing and monitoring, applicable [privacy provisions](#), and criminal prosecution for misuse or unauthorized use. Texas Workforce Commission collects personal information entered into electronic forms on this Internet site. For more information on your rights to request, review and correct information submitted on this electronic form, please see TWC's [Privacy and Security Information](#).

Para servicio en español, comuníquese con un [Tele-Centro de la TWC](#).

Technical Requirements: Recommended browsers are Internet Explorer 6.1 and higher and Firefox 2.x. Click on [Internet Explorer](#) or [Firefox](#) to download a free upgrade.

[Frequently Asked Questions](#)

Logon

[TWC Home](#) | [UI Employer Response](#) | [Businesses & Employers](#) | [UI Information](#) | [TWC Contact Information](#)  
[TWC Site Index](#) | [About Us](#) | [Privacy & Security](#) | [Disclaimer](#) | [Accessibility](#) | [Equal Opportunity is the Law](#)

## Work Separation Information

You must complete the entire response and submit it. You cannot save it and return to it later.

Verify that the Work Separation Information page displays the correct Applicant Name, Employer Name, Applicant SSN, TWC Account Number, Claim Date, and Response Due Date.


Select the reason for work separation:

- **Permanent Layoff** - select if the applicant is no longer employed through no fault of their own or because of a disaster or the COVID-19 pandemic
- **Temporary Layoff** - select if the applicant is not employed through no fault of their own or because of a disaster or the COVID-19 pandemic but will be in the near future
- **Fired** - select if the applicant is no longer employed because the employer initiated the separation due to the applicant's actions, inactions, and/or job performance
- **Quit** - select if the applicant voluntarily initiated the separation
- **Reduced Hours** - select if the applicant is still employed but their hours are reduced from full-time to part-time through no fault of their own or because of a disaster or the COVID-19 pandemic
- **Never Worked Here** - select if the applicant never performed any service for you or your business
- **Still Working** - select if the applicant is still employed by you or your business

Complete the **Dates Worked** section.

The **Additional Payment** section requests information regarding additional payment other than paid time-off or wages earned, such as wages instead of advance notice of the layoff, severance pay, pay in exchange for signed general release, and any other type of separation pay. If the applicant did not receive additional pay, select **No**. If the applicant did receive additional pay, enter the paid-through date of the additional pay.

Select **Next** to continue.

**TexasWorkforce** **Unemployment Insurance**  
Employer Response to Notice of Application 

[Logoff](#)

Separation Information > Separation Details > Review and Submit Response > Confirmation

### Work Separation Information

**IMPORTANT:** Your data will not be saved if you logoff before receiving confirmation. Your response is not complete until it has been submitted and you have received the confirmation statement reading "Your response has been submitted".

\*Indicates required information

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Separation Information

Reason for Work Separation: \* Choose One ▾

#### Dates Worked

Start Date: Choose One ▾ [ ] [ ] [ ]  
Month Day Year

Last Date Worked: Choose One ▾ [ ] [ ] [ ]  
Month Day Year

#### Additional Payment

Did you pay the applicant an [additional payment](#) other than the wages the applicant earned, such as [severance pay](#), or wages paid instead of advance notice of layoff ([wages in lieu of notice](#))?

Yes  
 No

If Yes to additional payment, Paid-through Date is required.  
Paid-through Date: Choose One ▾ [ ] [ ] [ ]  
Month Day Year

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Work Separation Details

The Work Separation Details page shows you information about the claim, such as the applicant's name, the claim date, and the employer name and may ask you to provide required or optional information regarding the circumstances of the separation.

Select a reason for work separation from the following list to skip to a brief overview of that reason:

- [Permanent Layoff](#)
- [Temporary Layoff](#)
- [Fired](#)
- [Quit](#)
- [Reduced Hours](#)
- [Never Worked Here](#)
- [Still Working](#)

You can return to the Work Separation Details section of this user guide by selecting the [Return to Work Separation Details](#) link at the bottom of each reason for work separation page.

## Work Separation Details - Permanent Layoff


The Work Separation Details - Permanent Layoff page displays because the applicant is no longer employed through no fault of their own or because of a disaster or the COVID-19 pandemic.

If the layoff is the result of a disaster or the COVID-19 pandemic, indicate that in the **Optional: Comments, Additional Information, or Explanation** box.

Complete the preparer's information section and, if needed, complete the contact person's information.

If you need to check or change the information on the previous page, select **Previous**.

Select **Next** to continue.

**TexasWorkforce** *Unemployment Insurance*   
*Employer Response to Notice of Application*

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[Separation Information](#) > [Separation Details](#) > [Review and Submit Response](#) > [Confirmation](#)

### Work Separation Details

\*Indicates required information

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Details for Work Separation Reason - Permanent Layoff

If your [TWC Account Number](#) is different than what is displayed in the Claim Information section, please enter the correct TWC Account Number in Comments, Additional Information, or Explanation. A TWC representative will review the information.

Optional: [Comments, Additional Information, or Explanation](#):

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

#### Preparer's Information

Preparer's Name:	*	<input type="text"/>
Preparer's Title:	*	<input type="text"/>
Preparer's Phone:	*	<input type="text"/> <input type="text"/>
		Number with Area Code      Extension

If contact is different than preparer, both the Contact Person's Name and Contact Person's Phone are required.

[Contact Person's Name](#):

Contact Person's Phone:

Number with Area Code      Extension

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Work Separation Details - Temporary Layoff

The Work Separation Details - Temporary Layoff page displays because the applicant is not employed through no fault of their own or because of a disaster or the COVID-19 pandemic but will be in the near future.


Enter all required information and answer all relevant questions in the **Details for Work Separation Reason - Temporary Layoff** section.

If the layoff is the result of a disaster or the COVID-19 pandemic, indicate that in the **Optional: Comments, Additional Information, or Explanation** box.

Complete the preparer's information section and, if needed, complete the contact person's information.

If you need to check or change the information on the previous page, select **Previous**.

Select **Next** to continue.

**TexasWorkforce** **Unemployment Insurance**   
Employer Response to Notice of Application [Logoff](#)

Separation Information > Separation Details > Review and Submit Response > Confirmation

### Work Separation Details

\*Indicates required information

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Details for Work Separation Reason - Temporary Layoff

Estimated Recall Date: \*     
Month Day Year

Have you paid/will you pay the applicant [vacation or holiday pay](#) during the layoff?  
 Yes  
 No

If **Yes** to vacation or holiday pay, Vacation or Holiday Paid-through Date is required.  
Vacation or Holiday Paid-through Date:     
Month Day Year

If your [TWC Account Number](#) is different than what is displayed in the Claim Information section, please enter the correct TWC Account Number in Comments, Additional Information, or Explanation. A TWC representative will review the information.

Optional: [Comments](#), [Additional Information](#), or [Explanation](#):

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

#### Preparer's Information

Preparer's Name:	*	<input type="text"/>
Preparer's Title:	*	<input type="text"/>
Preparer's Phone:	*	<input type="text"/> <input type="text"/> Number with Area Code Extension

If contact is different than preparer, both the Contact Person's Name and Contact Person's Phone are required.

[Contact Person's Name:](#)

Contact Person's Phone:    
Number with Area Code Extension

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Work Separation Details - Fired

The Work Separation Details - Fired page displays because the applicant is no longer employed because the employer initiated the separation due to the applicant's actions, inactions, and/or job performance.



Answer all relevant questions in the **Details for Work Separation Reason - Fired** section.

You can use the **Optional: Comments, Additional Information, or Explanation box** if you need to.

Complete the preparer's information section and, if needed, complete the contact person's information.

If you need to check or change the information on the previous page, select **Previous**.

Select **Next** to continue.

Unemployment Insurance  
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[Logoff](#)

Separation Information > **Separation Details** > Review and Submit Response > Confirmation

### Work Separation Details

\*Indicates required information

**Claim Information**

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

**Details for Work Separation Reason - Fired**

Why did you fire the applicant?

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

What is the name of the person who fired the applicant?	<input style="width: 95%;" type="text"/>
What is the title of the person who fired the applicant?	<input style="width: 95%;" type="text"/>
What is the phone number of the person who fired the applicant?	<input style="width: 45%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 40%;" type="text"/>
	Number with Area Code      Extension

Was there a final incident that led to the firing?

Yes  
 No

Final Incident Explanation:

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

Did you give the applicant prior warning?

Yes  
 No

Prior Warning Explanation:

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

If your [TWC Account Number](#) is different than what is displayed in the Claim Information section, please enter the correct TWC Account Number in Comments, Additional Information, or Explanation. A TWC representative will review the information.

Optional: [Comments, Additional Information, or Explanation](#):

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

**Preparer's Information**

Preparer's Name:	*	<input style="width: 95%;" type="text"/>
Preparer's Title:	*	<input style="width: 95%;" type="text"/>
Preparer's Phone:	*	<input style="width: 45%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 40%;" type="text"/>
		Number with Area Code      Extension

If contact is different than preparer, both the Contact Person's Name and Contact Person's Phone are required.

[Contact Person's Name](#):

Contact Person's Phone:

Number with Area Code      Extension

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Work Separation Details - Quit

The Work Separation Details - Quit page displays because the applicant voluntarily initiated the separation.


Answer all relevant questions in the **Details for Work Separation Reason - Quit** section.

You can use the **Optional: Comments, Additional Information, or Explanation box** if you need to.

Complete the preparer's information section and, if needed, complete the contact person's information.

If you need to check or change the information on the previous page, select **Previous**.

Select **Next** to continue.

**TexasWorkforce** **Unemployment Insurance**   
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[Logoff](#)

Separation Information > **Separation Details** > Review and Submit Response > Confirmation

### Work Separation Details

\*Indicates required information

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Details for Work Separation Reason - Quit

What reason did the applicant give for quitting (if any)?

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

What is the name of the person who the applicant told?

What is the title of the person who the applicant told?

What is the phone number of the person who the applicant told?

Number with Area Code      Extension

If your [TWC Account Number](#) is different than what is displayed in the Claim Information section, please enter the correct TWC Account Number in Comments, Additional Information, or Explanation. A TWC representative will review the information.

Optional: [Comments, Additional Information, or Explanation](#):

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

#### Preparer's Information

Preparer's Name: \*

Preparer's Title: \*

Preparer's Phone: \*

Number with Area Code      Extension

If contact is different than preparer, both the Contact Person's Name and Contact Person's Phone are required.

[Contact Person's Name](#):

Contact Person's Phone:

Number with Area Code      Extension

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.



## Work Separation Details - Reduced Hours



The Work Separation Details - Reduced Hours page displays because the applicant is still employed but their hours are reduced from full-time to part-time through no fault of their own or because of a disaster or the COVID-19 pandemic.

If the reduction in hours is the result of disciplinary reasons, a disaster, or the COVID-19 pandemic, indicate that in the **Optional: Comments, Additional Information, or Explanation** box.

Complete the preparer's information section and, if needed, complete the contact person's information.

If you need to check or change the information on the previous page, select **Previous**.

Select **Next** to continue.

**Unemployment Insurance**  
Employer Response to Notice of Application

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### Work Separation Details

\*Indicates required information

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Details for Work Separation Reason - Reduced Hours

If your [TWC Account Number](#) is different than what is displayed in the Claim Information section, please enter the correct TWC Account Number in Comments, Additional Information, or Explanation. A TWC representative will review the information.

Optional: [Comments, Additional Information, or Explanation](#):

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

#### Preparer's Information

Preparer's Name:	*	<input type="text"/>
Preparer's Title:	*	<input type="text"/>
Preparer's Phone:	*	<input type="text"/> <input type="text"/>
		Number with Area Code      Extension

If contact is different than preparer, both the Contact Person's Name and Contact Person's Phone are required.

<a href="#">Contact Person's Name:</a>	<input type="text"/>
Contact Person's Phone:	<input type="text"/> <input type="text"/>
	Number with Area Code      Extension

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Work Separation Details - Never Worked Here

The Work Separation Details - Never Worked Here page displays because the applicant never performed any service for you or your business.

### Fraud Warning


A claim for an individual who never worked for you may be an indication that the claim is fraudulent. Continue responding to the claim and notify TWC immediately using our [UI Fraud Submission](#) portal. For more information visit our [Unemployment Benefits Fraud](#) and [Reporting Fraud](#) webpages.

You can use the **Optional: Comments, Additional Information, or Explanation box** if you need to.

Complete the preparer's information section and, if needed, complete the contact person's information.

If you need to check or change the information on the previous page, select **Previous**.

Select **Next** to continue.

**TexasWorkforce** **Unemployment Insurance**  
Employer Response to Notice of Application 

[Logout](#)

Separation Information > **Separation Details** > Review and Submit Response > Confirmation

### Work Separation Details

\* Indicates required information

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Details for Work Separation Reason - Never Worked Here

If your [TWC Account Number](#) is different than what is displayed in the Claim Information section, please enter the correct TWC Account Number in Comments, Additional Information, or Explanation. A TWC representative will review the information.

Optional: [Comments, Additional Information, or Explanation](#):

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

#### Preparer's Information

Preparer's Name:	*	<input type="text"/>
Preparer's Title:	*	<input type="text"/>
Preparer's Phone:	*	<input type="text"/> <input type="text"/>
		Number with Area Code      Extension

If contact is different than preparer, both the Contact Person's Name and Contact Person's Phone are required.

<a href="#">Contact Person's Name:</a>	<input type="text"/>
Contact Person's Phone:	<input type="text"/> <input type="text"/>
	Number with Area Code      Extension

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Work Separation Details - Still Working

The Worked Separation Details - Still Working page displays because the applicant is still employed by you or your business.

### Fraud Warning

A claim for an individual who is still working for you may be an indication that the claim is fraudulent. It may not mean your employee is attempting fraud; often in these circumstances, employees are victims of ID theft. Continue responding to the claim and notify TWC immediately using our [UI Fraud Submission](#) portal.


If you verify that your employee did not file a claim, you must let us know that in the **Optional: Comments, Additional Information, or Explanation box**.

For more information visit our [Unemployment Benefits Fraud](#) and [Reporting Fraud](#) webpages.

Complete the preparer's information section and, if needed, complete the contact person's information.

If you need to check or change the information on the previous page, select **Previous**.

Select **Next** to continue.

**TexasWorkforce** **Unemployment Insurance**   
Employer Response to Notice of Application

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Separation Information > **Separation Details** > Review and Submit Response > Confirmation

### Work Separation Details

\*Indicates required information

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Details for Work Separation Reason -

If your [TWC Account Number](#) is different than what is displayed in the Claim Information section, please enter the correct TWC Account Number in Comments, Additional Information, or Explanation. A TWC representative will review the information.

Optional: [Comments](#), [Additional Information](#), or [Explanation](#):

500 Characters Left  
(Limit 500-characters - approximately 10 lines of text. All special characters will be removed.)

#### Preparer's Information

Preparer's Name:	*	<input type="text"/>
Preparer's Title:	*	<input type="text"/>
Preparer's Phone:	*	<input type="text"/> <input type="text"/>
		Number with Area Code      Extension

If contact is different than preparer, both the Contact Person's Name and Contact Person's Phone are required.

<a href="#">Contact Person's Name:</a>	<input type="text"/>
Contact Person's Phone:	<input type="text"/> <input type="text"/>
	Number with Area Code      Extension

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Review and Submit Response

Review all the responses you provided on the Review and Submit Response page.

To edit or correct any response to a question, select the **Edit** link at top and bottom of each section.

In the Determination Address section, you have an opportunity to change the address determinations and notifications are sent to. Select the link if you want to change the address. The address change only applies to the claim you are responding to.

Texas employers with a tax account number can establish a designated address. A designated address is advantageous because all notices will go to one location. To learn more about designated address, visit our [Designated Address](#) webpage.

If all the information is correct, check the box next to the certification statement and select **Submit**.

Select **Previous** to return to the previous page.

REMEMBER, you cannot change any of the responses or information you provided when you submit the response and receive a confirmation number.

TexasWorkforce

**Unemployment Insurance**

Employer Response to Notice of Application

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[Separation Information](#) > [Separation Details](#) > **[Review and Submit Response](#)** > [Confirmation](#)

### Review and Submit Response

Your response is not complete until you select the **Submit** button below.

**Carefully review your response for accuracy and make any necessary corrections.** To make changes or corrections, select the **Edit** link for that section. You will have the opportunity to print your response and confirmation number on the next page.

\*Indicates required information

**Claim Information**

<b>Applicant Name:</b>	<b>Employer Name:</b>
<b>Applicant SSN:</b>	<b>TWC Account Number:</b>
<b>Claim Date:</b>	<b>Response Due Date:</b>

**Response Information**

**Separation Information**

[Edit Separation Information](#)

Reason for Work Separation:	Fired
Start Date:	February 09, 2017
Last Date Worked:	January 01, 2021
Did you pay the applicant an additional payment other than the wages the applicant earned, such as severance pay or wages paid instead of advance notice of layoff (wages in lieu of notice)?	No
Paid-through Date:	(no response provided)

[Edit Separation Information](#)

**Separation Details**

[Edit Separation Details](#)

Why did you fire the applicant?	They were having trouble getting to work on time. Then COVID-19.
What is the name of the person who fired the applicant?	Joe Pear
What is the title of the person who fired the applicant?	Manager
What is the phone number of the person who fired the applicant?	(512) 999 - 9999
Was there a final incident that led to the firing?	No
Final Incident Explanation:	(no response provided)
Did you give the applicant prior warning?	Yes
Prior Warning Explanation:	(no response provided)
Comments, Additional Information, or Explanation:	(no response provided)

**Preparer's Information:**

Preparer's Name:	Joe Pear
Preparer's Title:	Manager
Preparer's Phone:	(512) 999 - 9999
Contact Person's Name:	(no response provided)
Contact Person's Phone:	(no response provided)

[Edit Separation Details](#)

**Determination Address**

We mailed your notice to the address below. If you wish to change your [determination address](#) for any possible decisions made on this claim, [Edit Determination Address](#).

[View information about changing an address outside of the U.S.](#)

[Edit Determination Address](#)

\*  I certify that all information provided is true and complete.

If you experience any technical difficulties with this application, call (512) 463-2030 from 8:00 a.m. - 5:00 p.m. Central Time.

## Confirmation


The Confirmation page displays all the information and answers you provided.

You can print this page for your records. Select the **Print Response** link or print through your browser.

It is important to print or save the Confirmation page or record the confirmation number on the Confirmation page or from your notice. The confirmation number is required for appeals.

We will determine if the claimant is eligible for unemployment insurance benefits. If we need more information from you, we will contact you.

To respond to another claim, select the **Return to Logon** link at the bottom of the page.

**TexasWorkforce** **Unemployment Insurance**   
Employer Response to Notice of Application

[Logoff](#)

Separation Information > Separation Details > Review and Submit Response > **Confirmation**

### Confirmation

**Your response has been submitted.**  
Print this page for your records by selecting the Print Response link or the printer icon on your browser's toolbar. This is the only copy of the response available and it cannot be reproduced.

[Print Response](#)  
You may respond to another claim by selecting the Return to Logon link at the bottom of the page.

#### Confirmation Information

Confirmation Number:	Submission Time:
----------------------	------------------

#### Claim Information

Applicant Name:	Employer Name:
Applicant SSN:	TWC Account Number:
Claim Date:	Response Due Date:

#### Response Information

##### Separation Information

Reason for Work Separation:	Fired
Start Date:	February 09, 2017
Last Date Worked:	January 01, 2021
Did you pay the applicant an additional payment other than the wages the applicant earned, such as severance pay or wages paid instead of advance notice of layoff (wages in lieu of notice)?	No
Paid-through Date:	(no response provided)

##### Separation Details

Why did you fire the applicant?	They were having trouble getting to work on time. Then COVID-19.
What is the name of the person who fired the applicant?	Joe Pear
What is the title of the person who fired the applicant?	Manager
What is the phone number of the person who fired the applicant?	(512) 999 - 9999
Was there a final incident that led to the firing?	No
Final Incident Explanation:	(no response provided)
Did you give the applicant prior warning?	Yes
Prior Warning Explanation:	(no response provided)
Comments, Additional Information, or Explanation:	(no response provided)
<b>Preparer's Information:</b>	
Preparer's Name:	Joe Pear
Preparer's Title:	Manager
Preparer's Phone:	(512) 999 - 9999
Contact Person's Name:	(no response provided)
Contact Person's Phone:	(no response provided)

##### Determination Address

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## Employer Benefits Services

**Employer Benefits Services (EBS)** is an online resource for unemployment benefits information important to employers.

EBS gives employers the tools to manage claims online. On EBS employers can:

- Opt in to **Electronic Correspondence (EC)** and view most unemployment documents from a secure online inbox
- Access **Internet Employer Response** from the EC online inbox
- Respond to Notices of **Maximum Potential Chargeback**
- Submit a **Designated Address** to ensure that all Unemployment Insurance (UI) mail is sent to the correct address
- Submit an **appeal** and check the appeal status
- Access **UI Tax Services**
- Submit **return-to-work** information
- Submit a **Mass Claim** if a layoff affects a number of employees
- Participate in a **Shared Work** plan if employees' hours are reduced but they are still working

To access EBS all you need is a **User ID** and a password.