UI Automation Employer Impacts

Jen Jones

BPC/Integrity Interim Department Chief

Office of Re-Employment Assistance

M|D|E|S

MISSISSIPPI DEPARTMENT *of* EMPLOYMENT SECURITY

ReEmployUSA Consortium

REEMPLOY USA
Unemployment System Alliance

❖First multi-state,

❖Integrated unemployment **benefits** <u>and</u> **tax** system,

❖Fully functioning in cloud environment!

Employer Advantages

➢ Self Service Registration

➢ Self Service Reset Password

➢ File and Adjust Tax & Wage Reports

➢ Pay Online including Level Payment Plan

➢ Email Notification of Request and Decisions

➢ Respond to Requests for Information

- Tax, Separation, New Hire and Earnings Verification

➢ File Appeal

➢ View Charges

Employer Primary View

Employer
Tax Reporting View

Employer
Unemployment Claims View

Employer
Account Maintenance View

TPA View

Employer View Charges

CBK-018

Employer Charge Transaction Inquiry

MDES EAN

Employer Name

Quarter/Year   2 / 2019

Information is updated on a weekly basis.

SSN ⇕	Name	Claim End Date	Type	Net Charge Amount ($)	Benefit Paid ($)	Status	Prior Quarter Adjustment ($)
		03/23/2020	REG	63.63	2,115.00	Charged	0.00
		05/04/2020	REG	156.04	411.00	Charged	0.00
		02/23/2020	REG	123.55	485.00	Charged	0.00
		04/06/2020	REG	171.96	1,134.00	Charged	0.00
		04/20/2020	REG	41.85	203.00	Charged	0.00
Total				**557.03**	**4,348.00**		**0.00**

<Back

Privacy & Security Disclaimer | Accessibility Policy | Internal Security   ©2014-The Mississippi Department of Employment Security
The Mississippi Department of Employment Security is an equal opportunity employer.

Quick ACCESS
New Hire & Earnings Verification

Confirmation New Hire Investigation
Employer Response
* Required Information

Claimant SSN   ███████████   Claimant Name   ███████████

MDES EAN   ███████████   Employer Name   ███████████

1. * Did this claimant work for the employer?   ○ Yes ○ No

    1.a If Yes, provide the Most Recent Hire Date   [MM] / [DD] / [YYYY] [📅]

    1.b If Yes, was the claimant hired full time or part time?   ○ Full Time ○ Part Time

2. Does the claimant still work for the employer?   ○ Yes ○ No

    2.a If No, provide the Last Day the claimant worked for the employer   [MM] / [DD] / [YYYY] [📅]

    2.b If No, provide reason claimant is no longer working   -Select- ▼

3. * Submitter's Contact Information

    3.a Name   [_____]

    3.b Title   [_____]

    3.c Phone   [___]-[___]-[___] Ext. [___]

<Back   **Next>**

Calculates Weekly Wages

MDES

MISSISSIPPI DEPARTMENT *of* EMPLOYMENT SECURITY

- Twitter: @MDESMS
  https://www.twitter.com/mdesms

- Facebook: https://www.facebook.com/mdesms

- LinkedIn:
  https://www.linkedin.com/company/mdesms

- Instagram: @MDESMS
  https://www.instagram.com/mdesms/