



GUIDE TO PANDEMIC EMERGENCY UNEMPLOYMENT COMPENSATION CLAIM FILING

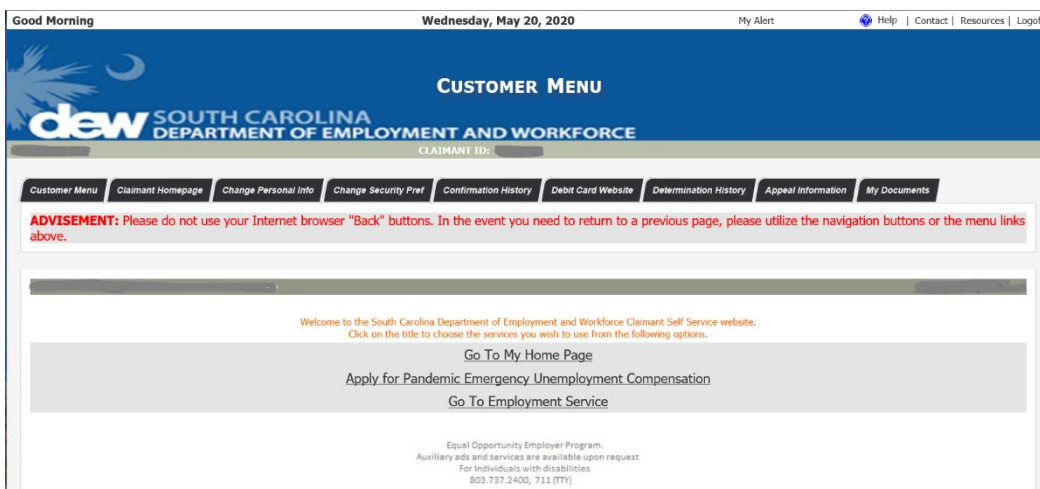
Pandemic Emergency Unemployment Compensation (PEUC) is a temporary program that provides up to 13 additional weeks of payments to individuals who have exhausted their regular Unemployment Insurance (UI) benefits.

To be eligible for benefits under the Pandemic Emergency Unemployment Compensation (PEUC) program, individuals must:

- Have exhausted all regular unemployment insurance benefit payments.
- Be able and available for work, unless unable to do so due to COVID-19 related reasons.
- Be registered with SCWOS (job search portal) <https://jobs.scworks.org/vosnet/Default.aspx>. You do not have to complete job searches during State of Emergency declared by the governor, but you must be registered.
- Report any covered earnings earned during the week being claimed. Covered earnings includes, but is not limited to, wages, paid sick time, vacation pay, and holiday pay.

Those not eligible for Pandemic Emergency Unemployment Compensation include an individual:

- That has the ability to telework with pay and would still be working substantially the same number of hours and be receiving the same pay.
- Who is receiving paid sick leave or other paid leave benefits and those benefits would exceed their weekly amount of PEUC.
- This program does not apply to individuals receiving Pandemic Unemployment Assistance (PUA).



Getting Started

Log into your Claimant Self Service (CSS) Portal Account.

On the Customer Menu page click the “[Apply for Pandemic Emergency Unemployment Compensation](#)” hyperlink.

Depending on when you exhausted your benefits, you may see a link that says “[File a New Unemployment Insurance Claim.](#)” If so, click that hyperlink to proceed.



BEFORE YOU BEGIN

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

CLAIMANT ID: _____

Before you login, you will need the following information:

1. ALL INDIVIDUALS: Your Social Security Number.
2. ALL INDIVIDUALS: Your work history for the past 2 years (including the name, address, telephone number, employment dates, rate of pay, total earnings and information about your job separation for each employer). If you received severance pay or retirement pay, you must know the amounts.
3. ALL INDIVIDUALS: In the event you qualify for benefits, and you would like your unemployment payments to be directly deposited into your bank account, you will need your bank routing number and account number. You should also contact your bank to make sure that your bank accepts electronic fund transfers. There are several advantages to direct deposit. You will receive your unemployment benefits faster; it saves time and money because you do not need to go to the bank; and it means no mail delays, or lost, stolen, or forged checks. If you do not have direct deposit information, you may enter it at a later date.
4. NON-CITIZENS: Alien number and expiration date from your Employment Authorization Document.
5. FORMER FEDERAL EMPLOYEES: SF-50 form or SF-8 form and pay stub(s) (if you were a federal employee within the past two years).
6. FORMER MILITARY PERSONNEL: At least one of the following: most recent DD214 Member 4, orders to report, orders of release, military earnings and leave statement, and/or W-2 form(s) from your most recent military service. If this is the first claim you are filing since release from the military and you do not live in SC, contact the State Workforce Agency in the state that you are physically located for assistance with filing your claim.
7. If applying for Disaster Unemployment Insurance Assistance (DUA) and you are self-employed or a farmer, a copy of your most recently filed income tax return or quarterly estimated income tax payment record(s), if applying for Disaster Unemployment Assistance (DUA) and you are self-employed or a farmer is required.
8. If applying for Pandemic Unemployment Assistance (PUA) and you are self-employed or a farmer, a copy of your most recently filed income tax return or quarterly estimated income tax payment record(s), if applying for Pandemic Unemployment Assistance (PUA) and you are self-employed or a farmer is required.

Privacy

Because you are being asked to furnish your social security number on the unemployment benefit application, the Privacy Act of 1974 requires that you are provided the following statement:

Your social security number is solicited under the authority of the Internal Revenue Code of 1954 [26 U.S.C 85, 6011(a), 60508 and 6109(a)]. Disclosure of your social security number for this purpose is mandatory and must be entered on the forms you submit to claim unemployment compensation.

Your social security number will be used to:

- Report your unemployment compensation to the Internal Revenue Service as income that is potentially taxable.
- Process and store your claim for statistical purposes.
- Verify your eligibility for benefits.

If you decline to provide your social security number, your claim cannot be processed.

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Before You Begin

The system will navigate to the **Before You Begin** page displaying important information. Please read the information and then click the **Next** button.

ELIGIBILITY

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

Customer Menu | Claimant Homepage | Change Personal Info | Change Security Pref | Confirmation History | Debit Card Website | Determination History | Appeal Information | My Documents

ADVICE: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Eligibility Questions

Indicate from what location you are filing your claim:

Have you applied for or are you receiving benefits from another state other than SC? Yes No

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Eligibility

Next, you will be taken to the **Eligibility** screen. Answer from where you are filing, indicate whether or not you have previously filed for Unemployment Insurance benefits, and answer the additional questions. Then click the **Next** button.



APPLY FOR BENEFITS: EMPLOYMENT QUESTIONS

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

CLAIMANT ID: [REDACTED]

Initial Filing | Employment | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

ADVICE: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Employment Questions

Fields marked with an asterisk * are required.

- *Has all of your employment been in another state since 11/20/2018? Yes No
- *Have you served in the Military since 05/20/2018? Yes No
- *Have you been employed as a civilian by the Federal Government since 05/20/2018? Yes No
- *Have you worked for a school or educational institution since 11/20/2018? Yes No
- *Have you worked for a professional athletics organization since 11/20/2018? Yes No
- *Are you a Longshoreman who has been assigned work by a Longshoreman union since 11/20/2018? Yes No
- *Are you an elected official? Yes No

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Employment Questions

The system will navigate to the **Employment Questions** screen. Answer each question, and then click the **Next** button.

APPLY FOR BENEFITS: INITIAL CLAIMS QUESTIONS

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

CLAIMANT ID: [REDACTED]

Initial Filing | Employment | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

ADVICE: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Fields marked with an asterisk * are required.

- *Are you currently self-employed or do you earn income on a commission basis? Yes No
- *Do you have any known medical condition that prevents you from being mentally and physically able to perform work in a job that you have experience or training? Yes No
- *Are you currently enrolled in school or in training? Yes No
- *Are you available only for part-time work? Yes No
- *Have you filed a claim in the past year for worker's compensation due to a work related injury? Yes No

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Initial Claims Questions

The system will navigate to the **Initial Claims Questions** screen. Answer each question, and then click the **Next** button.

APPLY FOR BENEFITS: EMPLOYMENT HISTORY

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

CLAIMANT ID: [REDACTED]

Initial Filing | Employment | Separation | Other Separation | Work Search | Occupation | Summary | Submit | Confirmation

INSTRUCTIONS:

Please review the Employer Name(s) listed in the Employer Name section shown below. Follow steps 1-5 to ensure you have provided accurate employment history.

- Make sure every SC and/or Out of State Employer you worked for since you last filed for Unemployment Benefits is listed.
- Make sure every Military and/or Federal Employer you worked for since 24 months through today is listed.
- For each employer, enter your dates of employment and the type of work you did (either full time or part time).
- If your employer is not listed, use the buttons below to add the employer.
- If you did not work for an employer that is shown, click "Did Not Work for Employer"

Note: If you are filing for PEUC benefits and your dates of employment with the employers below has not changed, please enter the same dates of employment and click Next to continue through the application process.

Employer Name	Type of Employment	Dates of Employment
SALAMANDER CHARLESTON EMPLOYER LLC	Full Time	09/10/2019 [mm/dd/yyyy] to 03/11/2020 [mm/dd/yyyy]
SALAMANDER CHARLESTON EMPLOYER LLC	Full Time	09/10/2019 [mm/dd/yyyy] to 03/11/2020 [mm/dd/yyyy]
EMPLOYER SOLUTIONS STAFFING GROUP II LLC	Part Time	02/17/2019 [mm/dd/yyyy] to 04/19/2019 [mm/dd/yyyy]
EMPLOYER SOLUTIONS STAFFING GROUP II LLC	Part Time	02/17/2019 [mm/dd/yyyy] to 04/19/2019 [mm/dd/yyyy]
LOCKWOOD RIVERFRONT HOTEL LLC	Full Time	04/08/2018 [mm/dd/yyyy] to 07/28/2019 [mm/dd/yyyy]
LOCKWOOD RIVERFRONT HOTEL LLC	Full Time	04/08/2018 [mm/dd/yyyy] to 07/28/2019 [mm/dd/yyyy]

3. For each employer, enter your dates of employment and the type of work you did (either full time or part time).

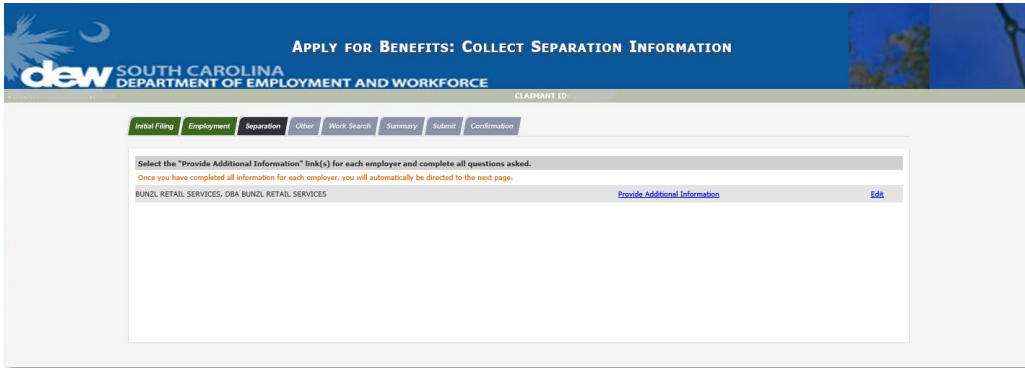
[Add South Carolina Employer](#) [Add Federal Employer](#) [Add Military Employer](#) [Add Out of State Employer](#)

Note: An employer must be selected before continuing. Type of Employment and Dates of Employment are required for the selected employer and all Military / Federal employers.

[Next](#)

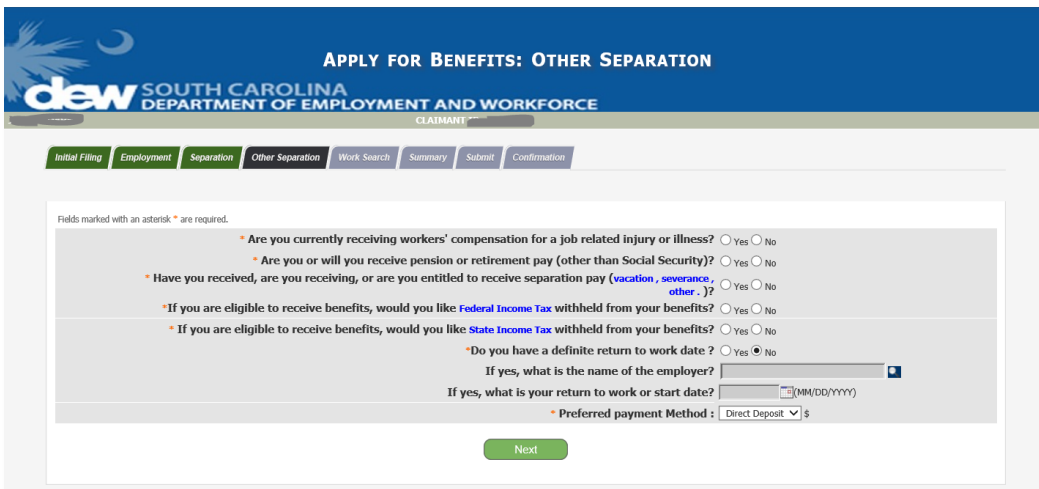
Work History

The system will navigate to the **Work History** screen providing important instructions to enter required claim information. Follow the instructions as applicable, and then click the **Next** button.



Collect Separation Information

If additional employment is added, the system will navigate to the **Collect Separation Information** screen. Click the Provide Information link to answer additional questions.



Other Separation

The system will navigate to the **Other Separation** screen where you will answer the questions, and then click the **Next** button.



Benefits Payment Method

The system will navigate to the **Payment Method** screen, where the payment method currently on file will be presented. Verify the payment method is still accurate and make the necessary changes if the payment method has changed or needs to be changed. Once verified/updated click the **Next** button.



APPLY FOR BENEFITS: WORK SEARCH

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

CLAIMANT ID: _____

Initial Filing | Employment | Separation | Other Separation | **Work Search** | Summary | Submit | Confirmation

Fields marked with an asterisk * are required.

What is your lowest rate of pay you will accept for the type of work you are seeking? * Hour

Are tools, license, or permits required for the work you are seeking? * Yes No

If yes, do you have the tools, licenses, or permits to perform the work you are seeking? Yes No

Work Search

The system will navigate to the **Work Search** screen. Answer the questions, then click the **Next** button.

APPLY FOR BENEFITS: JOB ELIGIBILITY

dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

CLAIMANT ID: _____

Initial Filing | Employment | Separation | Other Separation | **Work Search** | Summary | Submit | Confirmation

ADVICE: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Military / Veteran Information

Fields marked with an Asterisk * are required:

*Are you a veteran? Yes No

*Is your spouse a veteran? Yes No

*Is your spouse a veteran killed in active duty? Yes No

*Is your spouse a deceased veteran who had a total disability? Yes No

*Is your spouse a service member who is a MIA or POW? Yes No

Is your spouse a veteran who had a total (100%) disability rating from the VA? Yes No

*Have you worked on a farm? Yes No

If Yes, please answer the following:

Did you earn at least half of your last 12 months income on a farm? Yes No

Were you employed all year on a farm? Yes No

Did you travel to work? Yes No

Did you work at least 25 days on a farm? Yes No

*Have you worked in a food processing plant? Yes No

If Yes, please answer the following:

Did you earn at least half of your last 12 months income in food processing? Yes No

Were you employed all year in food processing? Yes No

Did you travel to work? Yes No

Did you work at least 25 days in food processing? Yes No

*Do you have a valid SC driver's license? Yes No

Please provide your driver's license number as it appears on your driver's license:

Please provide your weight as it appears on your driver's license:

If Yes, please answer the following:

Driver's license class : (select all that apply)

A B C D Regular Operator License M Motorcycle

Commercial driver's license classes : (select all that apply)

Hazmat Tank Passenger Double Triple Hazardous Tank None

Commercial driver's license restrictions : (select all that apply)

Airbrakes School Bus Class A Except Bus Class A Except Tractor Trailer Double None

Job Eligibility

The system will navigate to the **Job Eligibility** screen, answer the questions, then click the **Next** button.



APPLY FOR BENEFITS: JOB ELIGIBILITY QUESTIONS
 dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
 CLAIMANT ID: _____

Initial Filing | Employment | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

ADVICE: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Select up to 6 counties where you are willing to work
 Work Counties:

<input type="checkbox"/> ABBEVILLE	<input type="checkbox"/> AIKEN	<input type="checkbox"/> ALLENDALE
<input type="checkbox"/> ANDERSON	<input type="checkbox"/> BAMBERG	<input type="checkbox"/> BARNWELL
<input type="checkbox"/> BEAUFORT	<input type="checkbox"/> BERKELEY	<input type="checkbox"/> CALHOUN
<input type="checkbox"/> CHARLESTON	<input type="checkbox"/> CHEROKEE	<input type="checkbox"/> CHESTER
<input type="checkbox"/> CHESTERFIELD	<input type="checkbox"/> CLARENDON	<input type="checkbox"/> COLLETON
<input type="checkbox"/> DARLINGTON	<input type="checkbox"/> DILLON	<input type="checkbox"/> DORCHESTER
<input type="checkbox"/> EDGEFIELD	<input type="checkbox"/> FAIRFIELD	<input type="checkbox"/> FLORENCE
<input type="checkbox"/> GEORGETOWN	<input type="checkbox"/> GREENVILLE	<input type="checkbox"/> GREENWOOD
<input type="checkbox"/> HAMPTON	<input type="checkbox"/> HORRY	<input type="checkbox"/> JASPER
<input type="checkbox"/> KERSHAW	<input type="checkbox"/> LANCASTER	<input type="checkbox"/> LAURENS
<input type="checkbox"/> LEE	<input type="checkbox"/> LEXINGTON	<input type="checkbox"/> MCCORMICK
<input type="checkbox"/> MARION	<input type="checkbox"/> MARLBORO	<input type="checkbox"/> NEWBERRY
<input type="checkbox"/> OCONEE	<input type="checkbox"/> ORANGEBURG	<input type="checkbox"/> PICKENS
<input type="checkbox"/> RICHLAND	<input type="checkbox"/> SALUDA	<input type="checkbox"/> SPARTANBURG
<input type="checkbox"/> SUMTER	<input type="checkbox"/> UNION	<input type="checkbox"/> WILLIAMSBURG
<input type="checkbox"/> YORK		

[Next](#)

Job Eligibility Questions – Second Page

The system will navigate to the next Job Eligibility screen. Select up to six counties where you are willing to seek employment, and then click the Next button.

APPLY FOR BENEFITS: JOB ELIGIBILITY QUESTIONS
 dew SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
 CLAIMANT ID: _____

Initial Filing | Employment | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

ADVICE: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

Fields marked with an asterisk * are required.

Experience
 These questions are used to determine your job experience and training. Select two job types you are interested in and provide your years of training and experience

Primary Choice
 *Kinds of Jobs Seeking / ONET?: [dropdown]
 *Years of Experience / Training: [dropdown]

Secondary Choice
 *Kinds of Jobs Seeking / ONET?: [dropdown]
 *Years of Experience / Training: [dropdown]

Last Job Information
 Provide the dollar amount and select the appropriate unit of pay you earned on your last job.
 *How much did you earn on your last job?: [text]
 *Unit of pay: [dropdown]
 *Travel Miles: [dropdown]

Location
 We would like to know how flexible you are pertaining to job location.
 *Are you willing to relocate?: Yes No
 *Are you willing to travel at least the same distance as you last traveled to your last job?: Yes No
 *Your transportation methods: Automobile Bicycle Car Pool Public Transportation Walk Other None

Availability Start Date
 If offered a job, or if recalled from a layoff, are you available for work? Yes No

Dependent Care Requirements
 *If offered a job, or if recalled from a layoff, would the lack of childcare or dependent care make you unable to work?: Yes No Not Applicable

[Next](#)

Job Eligibility Questions – Third Page

The system will navigate to the next Job Eligibility screen. Answer the questions, and then click the Next button.



APPLY FOR BENEFITS: JOB AND AVAILABILITY SCHEDULE

CLAIMANT ID: [REDACTED]

Initial Filing | **Employment** | Separation | Other Separation | Work Search | Summary | Submit | Confirmation

Last Job Schedule

Using the Start time field, enter your last job's schedule by selecting the start time box and selecting the time from the drop down. Repeat this for the End time field. Then check the appropriate day of the week for this time schedule. If your schedule is the same each day, check each day of the week or select Weekday(WD). For weekend hours, select Weekend(WE). If you can work the same hours Everyday, select every Day(ED). Click "Add to Schedule" and you can now add other time slots worked. The "Clear Schedule" link clears the entire schedule you have entered. The "Remove" link deletes only that line of the schedule. If you can work varying hours, repeat the schedule process for each day of the week. When you have completed your schedule, click "Next" to continue.

Start: [Time] : [Time] WD WE ED S M T W T F S [Clear Schedule](#)
[Remove](#)

WD-Weekday WE-Weekend ED-Everyday

[Add to Schedule](#)

Are you willing to work the same hours/shifts/days you worked on your last job? Yes No

[Next](#)

Job Availability Schedule

The system will navigate to the **Job Availability** screen. Provide the last job schedule, answer the next question, then the click the **Next** button.

APPLY FOR BENEFITS: SUMMARY

JULIE A HARRIS CLAIMANT ID: 10179815

Initial Filing | Employment | Separation | Other Separation | Work Search | **Summary** | Submit | Confirmation

Please carefully review each section of the information you have provided. If you need to change information, click the Edit button for that section.

Personal Information

Date of Birth:	Other Last Name Used (1):
First Name:	Other Last Name Used (2):
Last Name:	Other Last Name Used (3):
Middle Initial:	Gender:
Suffix:	Mother's Maiden Name:

Address Information

Country: USA	
Mailing Address, if different from residential:	Mailing Address City:
Mailing Address State:	Mailing Address Zip:
Residential Address Country:	
Residential Address:	Residential Address City:
Residential Address State:	Residential Address Zip:
Closest Employment Services Office:	Commuter:

[Edit](#)

Contact Information

Primary Phone:	Alternate Phone:	Ext:
Cell Phone:	Fax Number:	
E-mail Address:	Preferred Contact Method:	

I wish to receive text alerts on important information on my unemployment claim: No

[Edit](#)

Demographic information

Education Level:	BACHELOR'S DEGREE	Disabled:	No
Do you need an interpreter:	No	Veteran:	No
Race:	White	U.S. Citizen:	Yes
Ethnicity:	Not Hispanic or Latino	Preferred Language:	English

[Edit](#)

Eligibility

Indicate from what location you are filing your claim	Home
Have you applied for or are you receiving benefits from any state or federal programs?	Yes

[Edit](#)

Employment Questions

Has all of your employment been in another state since 11/20/2018	No
Has any of your employment been in another state since 11/20/2018	No
Have you served in the Military since 05/20/2018	No
Have you been employed as a civilian by the Federal Government since 05/20/2018	No
Have you worked for a school or educational institution since 11/20/2018	No
Have you worked for a professional athletics organization since 11/20/2018	No
Are you a Longshoreman who has been assigned work by a Longshoreman union since 11/20/2018	No
Are you an elected official	No

[Edit](#)

Summary

The system will navigate to the **Summary** screen.

Review all the information and make any necessary changes by clicking the **Edit** button. Once finished click the **Next** button.



Work Search

What is your lowest Rate of Pay you will accept for the type of work you are seeking?	\$10.00 per Hour
Are tool, licenses, or permits required for the work you are seeking?	No
If yes, do you have the required tools, licenses, or permits to perform the work you are seeking?	
Edit	

Military/Veteran Information

Are you a veteran?	No
Is your spouse a veteran?	No
Is your spouse a veteran killed in active duty?	No
Is your spouse a deceased veteran who had a total disability?	No
Is your spouse a service member who is a MIA or POW?	No
Is your spouse a veteran who had a total (100%) disability rating from the VA?	
Were you awarded any campaign badges, ribbons or decorations?	
If yes, please mention	
Have you worked on a farm?	No
Did you earn at least half of your last 12 months income on a farm?	
Were you employed all year on a farm?	
Did you travel to work?	
Did you work at least 25 days on a farm?	
Have you worked in a food processing plant?	No
Did you earn at least half of your last 12 months income in food processing?	
Were you employed all year in food processing?	
Did you travel to work?	
Did you work at least 25 days in food processing?	
Do you have a valid SC driver's license?	No
Please provide your driver's license number as it appears on your driver's license	
Please provide your weight as it appears on your driver's license	
Driver's license class	
Commercial driver's license classes	
Commercial driver's license restrictions	
Edit	

Employability Questions

Are you currently self-employed or do you earn income on a commission basis	No
Do you have plans to become self-employed or earn income on a commission basis	No
Are you currently able to look for, accept, and perform full time work for which you have training or experience	Yes
Are you currently enrolled in school or in training	No
Are you available only for part-time work	No
Have you filed a claim in the past year for worker's compensation due to a work related injury	No
Edit	

Other Separation

Are you currently receiving workers' compensation for a job related injury or illness?	No
Are you or will you receive pension or retirement pay (other than Social Security)?	No
Are you or will you receive vacation pay, severance pay, military accrued leave pay or other separation pay?	No
If you are eligible to receive benefits, would you like Federal Income Tax withheld from your benefits?	No
If you are eligible to receive benefits, would you like State Income Tax withheld from your benefits?	No
Do you have a definite return to work date or will start a new job for an employer you have not told us about?	No
If yes, what is the name of the employer?	
If yes, what is your return to work or start date?	
Preferred Payment Method:	Direct Deposit
Edit	

Benefits Payment Method

Name of Financial Institution	
Financial Institution Routing #	
Account Number	
Account Type	
Edit	

Job And Availability Schedule

Available Time (Start Time - End Time)	Available Days
1:00 - 13:00	Monday Tuesday Wednesday Thursday Friday
Are you willing to work the same hours/shifts/days you worked on your last job?	Yes
Edit	

Once you have reviewed all of the information, click the Next button below.

[Print](#) [Next](#)



APPLY FOR BENEFITS: SUBMIT CLAIM

CLAIMANT ID: [REDACTED]

Unemployment Insurance(UE) Fraud is punishable by law and you could face a number of serious penalties and consequences. If you commit UE fraud, you could face penalties, such as:

- Prosecution
- Jail or prison sentence
- Receiving any inappropriately paid benefits
- Penalties and fines for false statements
- Being prevented from receiving benefits in the future

Document(s) we need from you

REMINDER

As you were filing your claim, we requested documentation from you. This is a reminder of the documents that you need to provide before we can process your claim. You can upload these documents by returning to this site at [Sign and reverify your Homepage](#). Click on "My Documents" for a list of pending items and select the link for the document(s) you are providing. Follow the screen instructions to provide these documents. Failure to provide these documents may result in a delay or denial of benefits.

<https://www.sc.gov/scas/ueub/ueunemploymentworkbooksearch/ue-uo-10-17-af>

Benefits Rights and Information

BENEFIT RIGHTS INFORMATION AND RESPONSIBILITIES

Your benefit rights and responsibilities are explained in the South Carolina Department of Employment and Workforce [Benefits Rights Handbook](#). You must read the information supplied in the handbook to fully understand your claim filing responsibilities. You may print this handbook or access it at any time.

Terms and Conditions

ACKNOWLEDGEMENTS

I acknowledge that all information I have provided is true and accurate

I understand there are penalties for false statements

I agree to the responsibilities stated within the South Carolina Claimant Handbook and understand that failure to understand the handbook is not an excuse to prevent being found eligible for benefits if I do not meet my responsibilities.

[Back](#) [Continue](#) [I Do Not Wish To File](#)

Submit Claim

The system will navigate to the **Submit Claim** screen. Read and acknowledge the information by checking the Acknowledgement boxes, then use the buttons at the bottom of the screen to proceed:

- Click the **Back** button to go back to the previous screen.
- Click the **Continue** button to provide any additional information the claim may require.
- Click **I Do Not Wish to File**, to save and return at a later time (Note: If you do not continue after 4 days, the claim will be deleted.)

FILE CLAIM CONFIRMATION

CLAIMANT ID: [REDACTED]

Initial Claims
Congratulations!
 You successfully submitted your application for unemployment benefits.

Your Claim has been filed. Confirmation # 51000022

SC Works UserName: [REDACTED]

If you forget your password, you can call 1-866-831-1724 to speak with a representative.

You can reset your password by clicking on the [SC Works Online Services](#) link on SC Works Online Services (SCWOS) or by calling 1-866-831-1724 to speak with a representative.

Remember: You must register for work within two weeks of filing a claim to receive benefits.

SC Works Online Services

You are required to file a weekly claim for benefits and make an active search for work every week, even while you are waiting to find out if you are eligible for benefits. You may search for work through [SC Works Online Services](#) (SCWOS). Be sure to log in to SCWOS using the username and temporary password provided above.

Filing Weekly

The South Carolina Department of Employment and Workforce is committed to meeting our Federal and State Requirements to pay benefits when due as efficiently as possible. Please watch your Homepage for important information and/or issues affecting your claim. (After you log into the Claimant Self-Service (CSS) Portal, <https://scsub.dew.sc.gov/CSS/CSSLogin.htm>, click on the Go To My Homepage tab)

If there are issues, they will be identified and listed below and also on your Home page. Until these issues are addressed, your certification will be on hold and payment cannot be made. Please respond to inquiries as soon as possible to avoid a delay in your payment. You can provide the information necessary by responding to our email correspondence or by clicking on the hyperlinked issue(s) under the **"Issues Delaying Payment"** section (hyperlinked issues are the ones that appear in blue and are underlined).

- Were able, available, and actively looking for work.
- Did not refuse suitable work.
- Report earnings from work performed during the week, if any.

You may certify your weekly claim for benefits by internet via the CSS Portal, <https://scsub.dew.sc.gov/CSS/CSSLogin.htm>, or by telephone via the Interactive Voice Response (IVR) system (1-866-831-1724).

Your Work Search Requirements

You must actively search for suitable work each week that you file a weekly certification for unemployment insurance benefits by performing at least two (2) job searches through the South Carolina Works Online System (SCWOS), so that the search can be electronically verified. Suitable work includes any trade, occupation, or business in which you are qualified based on your training and experience, and which pays at least 90% of your previous salary during your first eight paid weeks of unemployment and 75% of your previous salary after eight paid weeks of unemployment.

DEW may audit your claim at any point by requesting verifiable documentation of your weekly search for suitable work. As a result, DEW strongly recommends that you keep a detailed record of all your job searches, including the date of the contact, the name and address of the organization, the position applied for, and the wage offered. You may use the [Record of Work Seeking Activities \(RWSA\)](#) form to document your job contacts.

You may be disqualified from future benefits and required to repay benefits you have already received if you fail to provide DEW with verifiable proof of your active search for suitable work when requested. Any job search you perform on South Carolina Works Online Services(SCWOS) [jobs.scworks.org](https://scsub.dew.sc.gov/CSS/CSSLogin.htm) using your registered username and password will be considered a verifiable job search.

If you last worked for a temporary agency, you must make and document a weekly contact with that agency.

In order for your online job search to be counted in our system, you must log on to [SC Works Online Services](#) with the original username you received when you registered for work as part of filing your initial claim.

If you forget or lose your original username, you can call 866-831-1724 to speak with a representative.

After logging in with the assigned temporary password, you will need to change the password to something more secure and one that you can remember. You can reset your password by clicking on the [Forgot username/password?](#) link on SC Works Online Services or by calling 866-831-1724 to speak with a representative.

Reporting Earnings

When filing for unemployment benefits, you must report all forms of income for the week in question, including weekly earnings, retirement, severance, separation pay, wages in lieu of notice, and workers' compensation and you must report the gross amount earned (i.e. before taxes), even if you have not yet been paid. Failure to report income will result in your having to repay any overpayment of benefits.

Employment Services

You must be actively registered for Employment Services to receive UE benefits, unless exempt by law. Residents are required to register for Employment Service with the . Interstate claimants must register for Employment Services with the State Workforce Agency in the state where they reside.

[Print](#) [Claimant Homepage](#)

File Claim Confirmation

If no additional information is needed, the system will navigate to the **Confirmation** page, providing a Confirmation # and additional instructions.

Click the **Claimant Homepage** button to return to the homepage where you may review your information and log off.