

Alabama Department of Labor
Benefit Payment Control

ER New Hire Reporting & Audit Form Guidelines

[This Photo](#) by Unknown Author is licensed under [CC BY](#)

For employers

Benefit Payment Control's Mission

To promote and maintain the integrity of the Unemployment Insurance Program and protect the Trust Fund.

How Achieved:

We must work together with employers, agency representatives and claimants.

Benefit Payment Control

What We Do and Why/Employer Responsibilities



Employer New Hire Reporting

Employer Audit Form Completion

Job Refusals



Overpayment

- Over-issuance of benefits due to client error, deliberate intent, employer error, system or operator error.

Overpayment Causes

Clmt reporting wages when paid vs.
when earned

Intentional under-reporting or failure to
report earnings

Clmt reporting Net vs. Gross

Hidden Separations

Failure to report not able and available
for work



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

How Can Employers Help?

- Properly Complete Audit Forms
- Report Newly-hired and Recalled Workers
- Report Job Refusals



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

How Can Employers Help?

Best Practices

- **Report Earnings/Other Compensation Per UI Week**
- **Accurately report other forms of compensation, such as sick and holiday pay, paid leave, overtime**
- **Protect your experience rating; return the audit forms**
- **Don't attach printouts – Complete the audit form**

Means for Detection of Overpayments

Employer new Hire Reports

Qtrly Crossmatch Audits

New Hire Report Audits

Reports of Job Refusals

Hotline Tips & Leads

Employer Protests of Benefit Charges

Investigative Requests from Agency Reps outside of BPC

Reviews requested by Quality Assurance Section

Hearing & Appeals Division Requests for Investigations

Interstate Crossmatches

Border State Crossmatches

Worker's Compensation Investigations

Fictitious Employer Investigations





Audit Forms

8605A (Qtrly Crossmatches)

8605NH (New Hire Report is Origin)

**Partnership between
ADOL
Employers**



ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION DIVISION

UNEMPLOYMENT BENEFIT PAYMENT AUDIT FORM

«PARTYADDRESS»

Mailed Date: «MAILEDDATE»
Name: «NAME»
Claim Date: «CLAIMDATE»
SSN: «SSN»
Your Quarterly Tax Report: «QT»

Employer Instructions

The total wages you show on this form may not equal the total you reported for the entire quarter. Please report GROSS Wages in whole dollars. **Although your payroll period may be different from the seven-calendar-day-week requested on this form, complete the form for the weeks specified using your daily wage records. The claim week is the calendar week Sunday through Saturday and includes the "Week Ending Date".** The claimant is responsible for reporting wages in those seven-day time frames.

We will use an optical character reader to enter this information into our computer system. Please use a black pen or #2 pencil when completing the form. Write numbers as clearly as possible. **Please do not staple or paper clip printouts to this document.**

When answering items 3, 4, 5, 6, and 7, fill in the entire box; avoid marking outside the border.

Please follow these steps to complete the audit form:

- Item 1 Enter the first date of employment.
Item 2 Enter the last day actually worked (if applicable).
Item 3 Enter rate of pay and fill in the box associated with the pay rate.
Item 4 Fill the boxes for the corresponding work status.
Item 5 Fill in the appropriate box for availability of original records.
Item 6 Fill in the box for the pay period used and enter in the pay period ending date(s).
Item 7 Fill in all boxes that apply for the standard days in the work week.
Item 8 Fill in the total hours worked by the individual for the work week.
Item 9 Should your payroll records differ from the amount reported, enter the amount of gross wages paid in whole dollars (do not include cents) in the "Actual Gross Wages" column.
Item 10 Fill in any other "Other Pay" Paid this week.
Item 11 Enter in the "Type of Other Pay" column the appropriate number from the choices listed below:
- | | | | |
|----------------|-----------------|-------------------|--------------|
| 1 - regular | 2 - holiday pay | 3 - vacation | 4 - bonus |
| 5 - sick leave | 6 - pension | 7 - worker's comp | 8 - back pay |
| 9 - other pay | | | |

Example: Actual gross wages were \$300.00 and the claimant was given a bonus. All information in this example, including dates, should only be used as a guide for completion.

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (Whole dollars only)	10. Other pay Paid This Week	11. Type of Other Pay
1	01/26/2003	02/01/2003	40	300	100	4

Item 12 Sign and date the bottom of each audit form. Provide your title, printed name and telephone number.

Mail the completed form to the address at the bottom (reverse side) of the Unemployment Benefit Payment Audit Form. Return the completed form within 15 days of the mailing date of this form.

NEW HIRE UNEMPLOYMENT BENEFIT PAYMENT AUDIT FORM

«PARTYADDRESS»

Mailed Date: «MAILEDDATE»

Name: «NAME»

Claim Date: «CLAIMDATE»

SSN: «SSN»

Your Quarterly Tax Report: «QT»

Employer Instructions

The total wages you show on this form may not equal the total you reported for the entire quarter. Please report GROSS Wages in whole dollars. **Although your payroll period may be different from the seven-calendar-day-week requested on this form, complete the form for the weeks specified using your daily wage records. The claim week is the calendar week Sunday through Saturday and includes the "Week Ending Date".** The claimant is responsible for reporting wages in those seven-day time frames.

We will use an optical character reader to enter this information into our computer system. Please use a black pen or #2 pencil when completing the form. Write numbers as clearly as possible. **Please do not staple or paper clip printouts to this document.**

When answering items 3, 4, 5, 6, and 7, fill in the entire box; avoid marking outside the border.

Please follow these steps to complete the audit form:

- Item 1 Enter the first date of employment.
- Item 2 Enter the last day actually worked (if applicable).
- Item 3 Enter rate of pay and fill in the box associated with the pay rate.
- Item 4 Fill the boxes for the corresponding work status.
- Item 5 Fill in the appropriate box for availability of original records.
- Item 6 Fill in the box for the pay period used and enter in the pay period ending date(s).
- Item 7 Fill in all boxes that apply for the standard days in the work week.
- Item 8 Fill in the total hours worked by the individual for the work week.
- Item 9 Should your payroll records differ from the amount reported, enter the amount of gross wages paid in whole dollars (do not include cents) in the "Actual Gross Wages" column.
- Item 10 Fill in any other "Other Pay" Paid this week.
- Item 11 Enter in the "Type of Other Pay" column the appropriate number from the choices listed below:

- | | | | |
|----------------|-----------------|-------------------|--------------|
| 1 - regular | 2 - holiday pay | 3 - vacation | 4 - bonus |
| 5 - sick leave | 6 - pension | 7 - worker's comp | 8 - back pay |
| 9 - other pay | | | |

Example: Actual gross wages were \$300.00 and the claimant was given a bonus. All information in this example, including dates, should only be used as a guide for completion.

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (Whole dollars only)	10. Other pay Paid This Week	11. Type of Other Pay
1	01/26/2003	02/01/2003	40	300	100	4

Item 12 Sign and date the bottom of each audit form. Provide your title, printed name and telephone number.

Mail the completed form to the address at the bottom (reverse side) of the Unemployment Benefit Payment Audit Form. Return the completed form within 15 days of the mailing date of this form.

We are auditing the weeks printed on this form only, please don't add more weeks or change the dates shown.

Claimant Name:

Claimant SSN:

Employer Name:

Employer Acct:

1. Date employee began work: 7/1/2008
2. Last day to work: currently employee with [redacted]
3. Rate of pay: 28.93 Per: ☒ Hour ☐ Day semi monthly in arrears
☐ Week ☐ Bi-Weekly ☐ Month ☐ Year
Rate Change: Effective Date:
4. Employee's work status (select one):
☒ Still working
☒ full time ☐ on call
☐ part-time ☐ seasonal employment
☐ Quit (employee voluntarily quit available work)
☐ Discharge (you fired this employee)
☐ Laid Off (reduction in force, lack of work, company down-sized)

If one of the above boxes is checked, please enter the date that this individual separated from your employment (m/dd/yyyy):

5. The Original Records Will be Available if necessary:

☒ Yes ☐ No

6. Pay Period Information (select one):

☐ Monthly

☒ Semi Monthly

☐ Bi-Weekly

☐ Weekly

Day of the Week Period Ends: Saturday

7. Standard Days in Work Week (select all which apply):

☐ S ☒ M ☒ T ☒ W ☒ Th ☒ F ☐ Sa

Type of other pay: 1=Regular; 2=Holiday; 3=Vacation; 4=Bonus;

5=Sick; 6=pension; 7=Workers Comp; 8=Back Pay;

9=Other (please explain)

1, 2, 3, 5, 6

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (whole dollars only)	10. Other Pay Paid This Week	11. Type of Other Pay
1	01/09/2022	01/15/2022	see attachment ↓ ↓ ↓ ↓ ↓			
2	01/16/2022	01/22/2022				
3	01/30/2022	02/05/2022				
4	02/06/2022	02/12/2022				
5	02/13/2022	02/19/2022				
6	02/20/2022	02/26/2022				

12. Employer Certification: I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge.

Name of preparer

Signature

Title

Phone

Fax

Submit completed form to:

Alabama Department of Labor
Benefit Payment Control
649 Monroe Street
Montgomery, Alabama 36131

Email Address

Date Submitted:

Payroll Information for 2022

Employee ID:

Name:

Employer:

Agency:

Requested by: Dept. of Labor

Date Requested: 12/7/2022

PAY PERIOD		Pay Date	Total Work Days	Total Work Hours	Pay Rate	Other Pay	Wages Earned
Start	End						
12/16/21	12/31/21	1/14/22	12	96	-	-	-
1/1/22	1/15/22	2/1/22	10	80	\$2,294.00	\$0.00	\$2,294.00
1/16/22	1/31/22	2/16/22	11	88	\$2,294.00	\$0.00	\$2,294.00
2/1/22	2/15/22	3/1/22	11	88	\$2,294.00	\$0.00	\$2,294.00
2/16/22	2/28/22	3/16/22	9	72	\$2,294.00	\$0.00	\$2,294.00
3/1/22	3/15/22	4/1/22	11	88	-	-	-
3/16/22	3/31/22	4/15/22	12	96	-	-	-
4/1/22	4/15/22	4/29/22	11	88	-	-	-
4/16/22	4/30/22	5/16/22	10	80	-	-	-
5/1/22	5/15/22	6/1/22	10	80	-	-	-
5/16/22	5/31/22	6/16/22	12	96	-	-	-
6/1/22	6/15/22	7/1/22	11	88	-	-	-
6/16/22	6/30/22	7/15/22	11	88	-	-	-
7/1/22	7/15/22	8/1/22	11	88	-	-	-
7/16/22	7/31/22	8/16/22	10	80	-	-	-
8/1/22	8/15/22	9/1/22	11	88	-	-	-
8/16/22	8/31/22	9/16/22	12	96	-	-	-
9/1/22	9/15/22	10/3/22	11	88	-	-	-
9/16/22	9/30/22	10/14/22	11	88	-	-	-
10/1/22	10/15/22	11/1/22	10	80	-	-	-
10/16/22	10/31/22	11/16/22	11	88	-	-	-
11/1/22	11/15/22	12/1/22	11	88	-	-	-
11/16/22	11/30/22	12/16/22	11	88	-	-	-
12/1/22	12/15/22	12/30/22	11	88	-	-	-
12/16/22	12/31/22	1/13/23	11	88	-	-	-
					\$9,176.00	\$0.00	\$9,176.00

Payroll Signature: Date: 12/7/2022

We are auditing the weeks printed on this form only, please don't add more weeks or change the dates shown.

Claimant Name:

Claimant SSN:

Employer Name:

Employer Acct:

1. Date employee began work: 5-26-20
2. Last day to work: N/A Still employed
3. Rate of pay 16.73 Per: ☒ Hour ☐ Day
☐ Week ☒ Bi-Weekly ☐ Month ☐ Year
☐ Rate Change: _____ Effective Date: _____
4. Employee's work status (select one):
☒ Still working
☒ full time ☐ on call
☐ part-time ☐ seasonal employment
☐ Quit (employee voluntarily quit available work)
☐ Discharge (you fired this employee)
☐ Laid Off (reduction in force, lack of work, company down-sized)

If one of the above boxes is checked, please enter the date that this individual separated from your employment (m/dd/yyyy): _____

5. The Original Records Will be Available if necessary:

☒ Yes ☐ No

6. Pay Period Information (select one):

☐ Monthly

☐ Semi Monthly

☒ Bi-Weekly

☐ Weekly

Day of the Week Period Ends: Saturday

7. Standard Days in Work Week (select all which apply):

☒ S ☒ M ☒ T ☒ W ☒ Th ☒ F ☐ Sa

Type of other pay: 1=Regular; 2=Holiday; 3=Vacation; 4=Bonus;
5=Sick; 6=pension; 7=Workers Comp; 8=Back Pay;
9=Other (please explain)

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (whole dollars only)	10. Other Pay Paid This Week	11. Type of Other Pay
1	05/24/2020	05/30/2020	32	593.28	0	0
2	05/31/2020	06/06/2020	7 129			
3 Paid Bi-weekly	06/07/2020	06/13/2020	7 129	1856.01	0	0
4	06/14/2020	06/20/2020	7 96	1268.16	0	0
5	06/21/2020	06/27/2020				

12. Employer Certification: I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge.

Name of preparer

Signature

Title

Phone

Fax

Submit completed form to:

Alabama Department of Labor
Benefit Payment Control
649 Monroe Street
Montgomery, Alabama 36131

Email Address

Date Submitted: 12-9-22

Benefit Payment Control Section

DEC 14 2022

NOV 28 2022

We are auditing the weeks printed on this form only, please don't add more weeks or change the dates shown.

Claimant Name:

Claimant SSN:

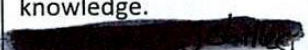



Employer Name:

Employer Acct:

<p>1. Date employee began work: <u>12/22/2019</u></p> <p>2. Last day to work: <u>2/11/2022</u></p> <p>3. Rate of pay <u>31.29</u> Per: <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Rate Change: _____ Effective Date: _____</p> <p>4. Employee's work status (select one): <input type="checkbox"/> Still working <input type="checkbox"/> full time <input type="checkbox"/> on call <input type="checkbox"/> part-time <input type="checkbox"/> seasonal employment <input type="checkbox"/> Quit (employee voluntarily quit available work) <input checked="" type="checkbox"/> Discharge (you fired this employee) <input type="checkbox"/> Laid Off (reduction in force, lack of work, company down-sized)</p> <p>If one of the above boxes is checked, please enter the date that this individual separated from your employment (m/dd/yyyy): _____</p>	<p>5. The Original Records Will be Available if necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Pay Period Information (select one): <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input checked="" type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly Day of the Week Period Ends: Saturday</p> <p>7. Standard Days in Work Week (select all which apply): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p>Type of other pay: 1=Regular; 2=Holiday; 3=Vacation; 4=Bonus; 5=Sick; 6=pension; 7=Workers Comp; 8=Back Pay; 9=Other (please explain) _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (whole dollars only)	10. Other Pay Paid This Week	11. Type of Other Pay
1	02/20/2022	02/26/2022				Severance 7512.00
2	02/27/2022	03/05/2022				
3	03/06/2022	03/12/2022				
4	03/13/2022	03/19/2022				
5	03/20/2022	03/26/2022				
6	03/27/2022	04/02/2022				

12. Employer Certification: I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge.

		<u>Payroll manager</u>		
Name of preparer	Signature	Title	Phone	Fax

Submit completed form to: Alabama Department of Labor
Benefit Payment Control
649 Monroe Street
Montgomery, Alabama 36131

Email Address

Date Submitted: 12-9-22

Methods of Return

State Information Data Exchange System



Earnings Verification Component

By Mail



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

Email Regarding Pending Audits

Please be advised that you have a pending Earnings Verification (s) (8605A or 8605NH) that require(s) your immediate attention. This e-mail notification has been sent, per your preference, however you will still receive the paper form, which has been mailed to the address on file for your account. You may proceed with on-line processing and submission of this request prior to receipt of paper copies.

RESPONSES TO THIS E-MAIL SHOULD ONLY BE TO REQUEST AN UPDATE/CHANGE IN THE E-MAIL ADDRESS TO BE USED TO ADVISE YOU OF PENDING AUDIT FORMS THAT REQUIRE YOUR ATTENTION. PLEASE INCLUDE THE ORIGINAL E-MAIL IN YOUR RESPONSE/ REQUEST TO UPDATE/CHANGE YOUR E-MAIL ADDRESS FOR OUR FUTURE NOTIFICATIONS TO YOU REGARDING PENDING AUDIT FORMS.

The Alabama Department of Labor offers two options for responding to a request for earnings verification.

PREFERRED:

1) You may log on to <https://ulsides.org/> to respond to the request. Use your FEIN, SEIN, and Identification Number/Access Code (included) to log in. You will select Earnings Verification as the exchange you need to use to submit your information.

OR

2) Complete the paper Form 8605-NH New Hire Audit Form or 8605A, Quarterly Cross Match Audit Form, which you should receive in one or two days, and mail it to the Alabama Department of Labor to the address on the back of the form or proceeding page (s).

Submitting the earnings verification electronically is preferred and may result in quicker processing.

Your immediate attention to this matter is required, as failure to reply may result in improper payments in unemployment benefits to claimants which could affect your tax rating.

All responses to the request for information/completion of the audit forms) MUST be communicated by using one of the two options listed above.

Thank you.

**Alabama Department of Labor
Unemployment Compensation Division
Benefit Payment Control**

Employer New Hire Reporting



New Hire Act of 1997

- Brought Alabama into compliance with Federal Welfare Reform Act of 1996
- Purpose of the Law:
 - Prevent payment of UC Benefits to clmts who have returned to work
 - Prevent the issuance of Worker's compensation Benefits to employed individuals
 - Recoup from a Clmt's UC benefits the cost of over-issued food stamps
 - Locate non-custodial parents who are delinquent on child support obligations

Employer New Hire Law Requirements

- **REPORT NEWLY HIRED, RECALLED, AND REHIRED WORKERS**
- **New Hire**- employee not previously employed by the employer/company
- **Recall**- Previously employed by the employer but break in employment for a minimum of 60 days or greater but less than a year
- **Rehire** If separation has occurred for a significant period of time, up to a year, new employee paperwork required, just enter as a new hire.

Changes to Social Security Act

CLAIMS RESOLUTION ACT, Dec. of 2010

- ERS REQUIRED TO REPORT THE DATE A CLMT PHYSICALLY BEGAN WORKING. (Reduce No. of Overpayments)

TRADE ADJUSTMENT ASSISTANCE EXTENSION

- Defines new employee.
- Adds previously employed but separated for at least 60 consecutive days. Amendment effective April 21, 2012

Why Should I (Employers) Report?

- **It's the Law.** Voted into law by state legislators as a part of Alabama's Unemployment Compensation Law.
- **Failure to report carries a penalty fine of \$25 per violation** (non-report of each newly hired, recalled, or rehired worker).



Beneficial to Employers

- **Reduces charges against your experience rating**
- **Reduces shared costs among all employers in covered employment**
- **Reduces # of overpayments and the adverse effect on the UI Trust Fund**
- **Reduces dollar amount of benefits paid to workers who refuse jobs**
- **Reduction in food stamps, Medicaid, and worker's compensation costs**

Who Should be Reported

s

Anyone paid a wage must be reported within 7 days of start to work date, but there are some options regarding frequency.

Full time Workers	Yes
Temporary Workers	Yes
Part-time Worker	Yes
Seasonal Workers	Yes



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

Reporting Requirements Continued

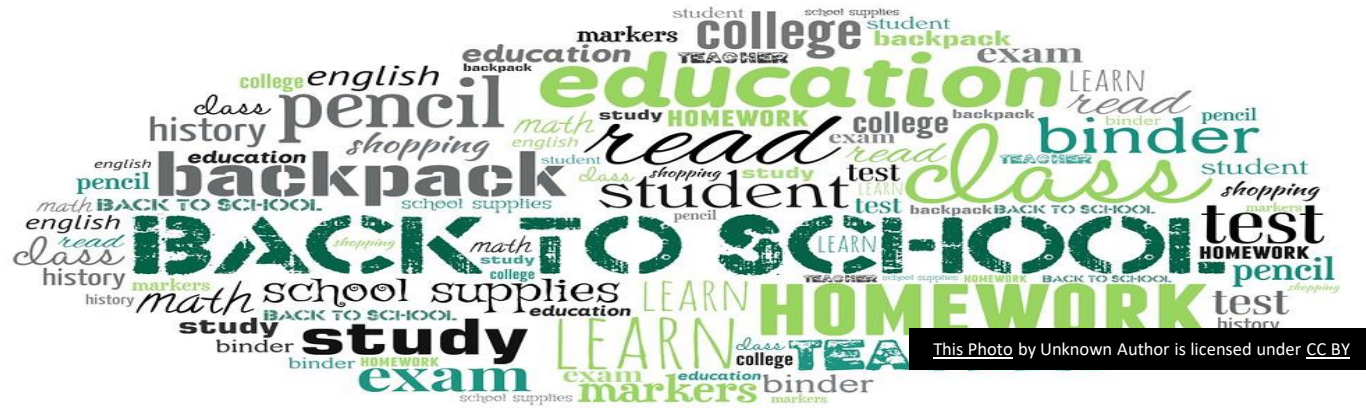
Separated Workers

Hired and Separated during past 12 months.

Leave of Absence Workers?

- **At least 60 days on Paid Leave- No report required**
- **At least 60 days, non-paid leave, New Hire Report Required**

Re-occurring Reporting



- **Seasonal Workers**
- **Colleges and Universities** (Temporary Workers/Adjuncts)
- **Grade Schools:**
 - Substitute teachers
 - Bus Drivers & Crossing Guards

60 Day Rule



Temporary Workers and Seasonal Employees

Contract Workers

Issued 1099

Not Required to Report

If Compensation Reported on
Qtrly Wage Report, May Be
Cited in Error.

Action to Correct Required

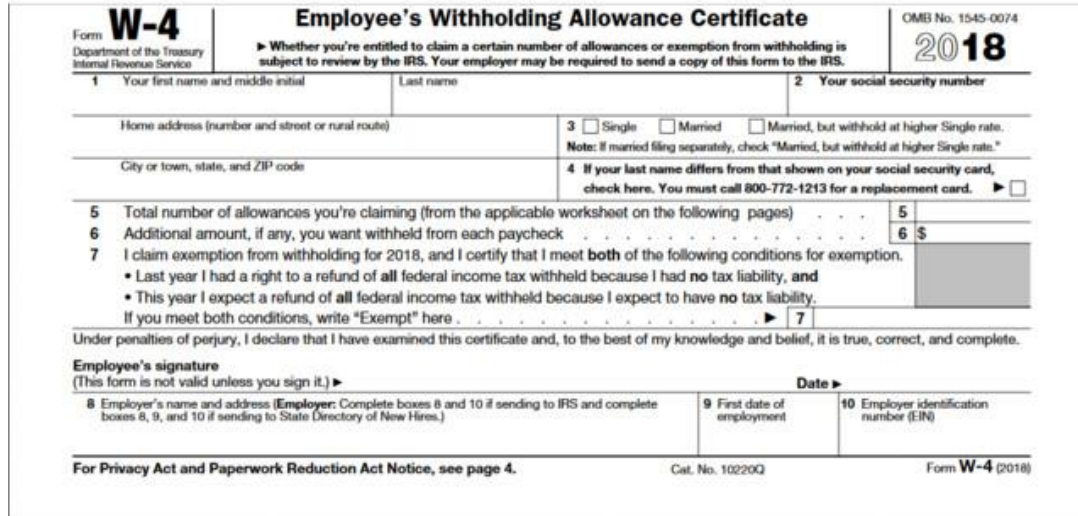


Means of Reporting

- Company with 5 or more employees: Mandatory to Report online
- **Smaller Mom and Pop Type Companies – Options**
 - Reporting Options
 - Frequently Hiring Employers
 - Ers Reporting large numbers of New Hires/Recalls
- **May Report not less than 12 days and not greater than 16 days when submitting a file upload**

Mail-in-New Hire Reports (Fewer than 5 EES)

Copy of W-4 Form



Form **W-4** Employee's Withholding Allowance Certificate
Department of the Treasury Internal Revenue Service
OMB No. 1545-0074
2018

1 Your first name and middle initial Last name 2 Your social security number

Home address (number and street or rural route) 3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
City or town, state, and ZIP code Note: If married filing separately, check "Married, but withhold at higher Single rate."

4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ☐

5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) 5
6 Additional amount, if any, you want withheld from each paycheck 6 \$

7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, write "Exempt" here 7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) Date

8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) 9 First date of employment 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 10220Q Form **W-4** (2018)

Enclosure with Additional Information

- Printed Name and SSN #
- If address changed, most recent address ER has
- Date the EE physically Began Working

[This Photo](#) by Unknown Author is licensed under [CC BY](#)

Online Registration

Alabama New-Hire Registration

To complete your registration for electronic New-Hire reporting, simply enter the required information below and click the "Submit Registration" button.

* Required

Please complete all items or we may not be able to process your request.

* BusinessName:

* Mailing Address:

* City:

* State:

* Zip Code:

* Telephone Number (including area code):

Ex: (334) 555-5555

Fax NumberBox (Including area code):

Ex: (334) 555-5555

* Contact Person:

* Contact Person Title:

E-Mail Address:

Required to receive email confirmation.

* Federal Employer
ID Number:

Alabama UC Account:

(10 Digits) This account is important but optional. Please provide if available!

Submit Registration

Alabama New-Hire Electronic Filing System

Welcome to the New-Hire on-line data entry and upload page!

If you are currently registered with the Alabama Department of Labor to file New-Hire reports, you can begin by entering your registration information below. If you are not already registered as discussed above, you can **register here**.

Once you are registered, you will be granted access to submit New-Hire data online.

New-Hire Electronic Options

Registered Users Login Here

 *

Enter your 12 digit New-Hire Registration Number:

(9 digit Federal Employer Identification Number (FEIN) plus your 3 digit Alabama New-Hire unit designation. If you do not have a unit designation OR if you do not know your unit designation, enter 3 zeros.)

Mary Billups

(334) 444 - 4444

Login

Enter your full contact name:

Enter your contact phone number:

Register with Alabama Department of Labor.
This will return you to the online New-Hire registration form.

- Your registration number must be 12 numeric digits in length.

Means of Reporting

Single Entry

- Few to Report
- Select Single Entry



Bulk File Upload

- Numerous EES to Report
- Option to Upload a File



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

FOR ALABAMA NEW HIRE DATA

PUNCTUATION MARKS SHOULD NOT BE USED IN ANY FIELDS, EXCEPT AS NOTED BELOW.

LOCATION	FIELD	LENGTH	DESCRIPTION & REMARKS
1-9	Social Security Number	9	Employee's Social Security Number (DO NOT INSERT HYPHENS)
10-19	Account Number**	10	Ten-digit UC Tax Account Number (DO NOT INSERT HYPHENS)
20-25	Activity Date	6	First day of work or date of job refusal (MMDDYY) NOTE: This date should be the first day the employee did or would have physically reported to worked

New Hire Reporting Versus E-verify

- New Hire Reporting is a wage tracking System designed to detect the fraudulent receipt of benefits
- Locate delinquent child support payors
- E-verify seeks to determine if the employee is legally allowed to work in the country.

JOB REFUSALS

Aides in protecting your experience rating

Job must be personally conveyed, but there are various means

Must be Suitable Work

Worker must have Experience and or Work History in the type work.

No penalty fine but highly encouraged

New Hire System Allows for reporting job refusals. It is the last option in the drop-down menu of new hire reporting on-line system.



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

WHAT IF I HAVE EMPLOYEES IN MORE THAN ONE STATE?

Multi-state Employer Reporting (Approval by Application)

Options:

Report all new hires to a single state
(Must have ees in that state)

Report new hires to perspective state
where employees work

Multi-State Employer Reporting

Apply with Secretary of Health and Human Services
(Randallstown, Maryland)

Access Application online <https://ocsp.acf.hhs.gov?OCSE/>

Request Approval by mail
FAX: 410-277-9235

For assistance, phone - Multi-state Employer Help Desk
410-277-9470
Monday-Friday 8:00-5:00 Eastern