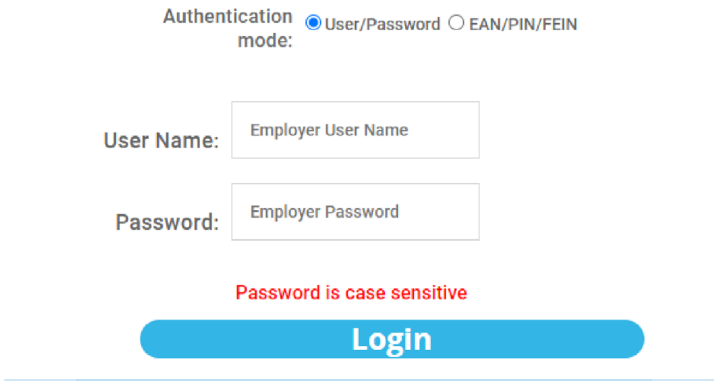


FOR ASSISTANCE, PLEASE CALL
CUSTOMER SERVICE: (866) 831-1724

The Return-To-Work Questionnaire identifies claimants who may have been temporarily laid off and brought back to work for the same company and are not reported as new hires.

This also identifies workers who may have continued working or were only off for a few days, filed a claim, and continued certifying weeks for unemployment benefits while they were working.

Like the wage audits, the Return-To-Work Questionnaire identifies claimants who have worked during weeks they have also certified for benefits.



Authentication mode: User/Password EAN/PIN/FEIN

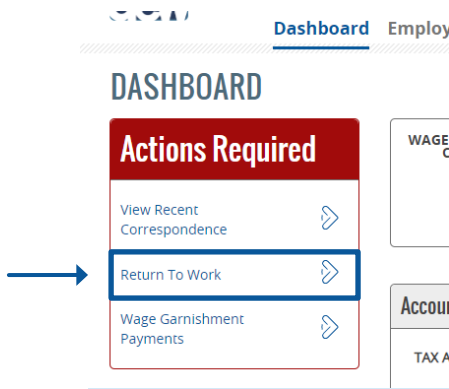
User Name:

Password:

Password is case sensitive

Login

1. LOG IN TO YOUR **EMPLOYER SELF SERVICE (ESS) EMPLOYER BENEFITS PORTAL.**



Dashboard Employ

DASHBOARD

Actions Required

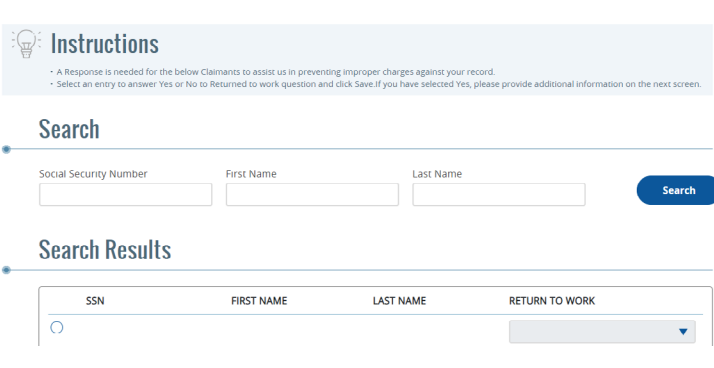
- View Recent Correspondence
- Return To Work**
- Wage Garnishment Payments

WAGE C

Accou

TAX A

2. FIND THE RED ACTIONS REQUIRED BOX AND **CLICK ON RETURN TO WORK.**



Instructions

A Response is needed for the below Claimants to assist us in preventing improper charges against your record.
Select an entry to answer 'Yes or No to Returned to work question and click Save if you have selected 'yes, please provide additional information on the next screen.

Search

Social Security Number First Name Last Name **Search**

Search Results

SSN	FIRST NAME	LAST NAME	RETURN TO WORK
<input type="radio"/>			<input type="checkbox"/>

3. **SEARCH FOR A SPECIFIC EMPLOYEE BY ENTERING THEIR SOCIAL SECURITY NUMBER AND CLICKING SEARCH AND SELECT FROM THE LIST.**

FOR ASSISTANCE, PLEASE CALL
CUSTOMER SERVICE: (866) 831-1724

Search

Social Security Number First Name Last Name

Search Results

SSN	FIRST NAME	LAST NAME	RETURN TO WORK
<input checked="" type="radio"/>			<input type="button" value="Yes"/>
<input type="radio"/>			<input type="button" value="No"/>

- 4. IF SELECTING FROM LIST, SELECT THE RADIAL BUTTON FOR THE DESIRED CLAIMANT. INDICATE EITHER “YES” OR “NO”. CLICK “SAVE”.**

Instructions
• All fields are required unless otherwise indicated.

Return To Work - Employer

You are completing this fact finding as part of the S.C. Department of Employment and Workforce's effort to protect the integrity of the Unemployment Insurance (UI) program and to keep UI costs as low as possible for South Carolina's businesses. Your account may be negatively affected by improper payments if a claimant has returned to work and is failing to report this work or wages earned. Accurate responses to this notice can assist us in preventing improper charges against your account.

If you are completing this fact finding after having received notice from the S.C. Department of Employment and Workforce to do so regarding a specific claimant, you are required to provide the requested information to ensure the proper administration of the Employment and Workforce Law. Failure or refusal to submit the required information is punishable by a civil fine of \$2,000 and/or imprisonment up to 30 days for each day the violation continues as provided by S.C. Code Ann. 41-41-50.

Who is completing this on behalf of?

Name Job Title

Phone Number Email

Which claimant are you reporting as returning to work?

Name SSN

What date did the claimant return to work?
mm/dd/yyyy

- 5. IF YOU SELECTED “NO”,**
- CLICK “SAVE”
 - THEN “EXIT”
- 6. IF YOU SELECTED “YES”,**
- CLICK “SAVE”
 - THEN, CONTINUE AND **ENTER ALL CONTACT INFORMATION.**

Which claimant are you reporting as returning to work?

Name SSN

What date did the claimant return to work?

For week ending 02/04/2023 how many hours did the claimant work?

For week ending 02/04/2023 what was the claimant's rate of pay?

For week ending 02/04/2023 what were the claimant's gross earnings?

For week ending 02/11/2023 how many hours did the claimant work?

For week ending 02/11/2023 what was the claimant's rate of pay?

For week ending 02/11/2023 what were the claimant's gross earnings?

For week ending 02/18/2023 how many hours did the claimant work?

For week ending 02/18/2023 what was the claimant's rate of pay?

For week ending 02/18/2023 what were the claimant's gross earnings?

For week ending 02/25/2023 how many hours did the claimant work?

For week ending 02/25/2023 what was the claimant's rate of pay?

For week ending 02/25/2023 what were the claimant's gross earnings?

- 7. THE RETURNED TO WORK DATE IS REQUIRED.**
- ONCE ENTERED, THE SYSTEM PROMPTS ANY DATE FOLLOWING THE “DATE RETURNED TO WORK.”
 - **ENTER NUMBER OF HOURS, RATE OF PAY, AND GROSS EARNINGS.**
 - **CLICK “SUBMIT”.**



**FOR ASSISTANCE, PLEASE CALL
CUSTOMER SERVICE: (866) 831-1724**

IF THE ONLINE OPTION IS NOT AVAILABLE:

- If the online option is not available, **you may enter the date the claimant returned to work on the letter sent to you.**
 - Be sure to **sign, add your title, and date the document.**
- **You may:**
 - Email it to Returntowork@dew.sc.gov,
 - Fax it to **803-737-0299**, or
 - **Mail the document to DEW Return to work, PO Box 995, Columbia, SC 20202.**
 - **If you have earnings for the employee after the date returned to work, please include with the letter when returning.**

IF YOU NEED FURTHER ASSISTANCE:

- **If you need further assistance, please call Customer Service at 1-866-831-1724** and request assistance on an Employer Return to Work Questionnaire from Benefit Payment Control (BPC).
- Your information will be forwarded, and an analyst will contact you within **two business days**.