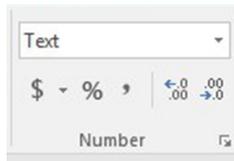


# SHORT-TIME COMPENSATION

## EMPLOYER & TPA WEEKLY CERTIFICATION INSTRUCTIONS

All employers and TPA's are required to submit a weekly certification for each employee participating in their STC plan, regardless of whether an employee has filed a claim. You have from Sunday to Wednesday to file your certification for the previous week. Failure to submit your certification may result in termination of your STC Plan.



**Your spreadsheet must be in a Text format.**

*Note: Cutting and pasting will change the formatting in your spreadsheet, it is best to type the information in your spreadsheet.*

### STEP 1

*If any of the responses below are zero, enter 0.*

Enter the following information as shown in the sample below.

1. Plan ID Number

2. SSN's of all participants in your STC plan

3. Name of affected unit for each participant

4. Whether the participant was offered hours for the week from their STC employer and if so, how many

5. Number of hours worked by each participant

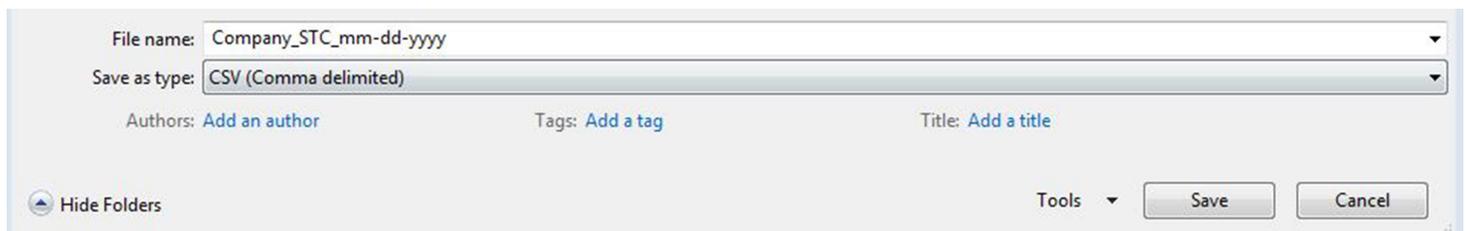
6. Number of approved (paid or unpaid) leave hours for each participant

7. Whether the participant is still employed by your company

	A	B	C	D	E	F	G
1	2016123456789101						
2	1112223333	Unit A	Y	20	20	0	Y
3	1113334444	Unit A	Y	20	20	0	Y
4	1114445555	Unit A	Y	20	20	0	Y
5							
6							
7							
8							

### STEP 2

Save your spreadsheet as a CSV document. Indicate the week you are certifying in the file name.



This guide is not intended to take the place of the law, but to provide you with a general understanding of some of the requirements. This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

**ACCOUNT LOGIN**

Employer Account Number  
OR Login ID Number

Password

**LOGIN**

[Forgot Password](#)

### STEP 3

If you are an employer, sign into [dol.nebraska.gov/UIconnect](http://dol.nebraska.gov/UIconnect) using your EAN and account password.

If you are a third party administrator, click the "Complete" button under Weekly Certification, then enter your STC Login ID and password.

**Short Time Compensation**

Apply/Modify/Terminate

**COMPLETE**

Weekly Certification

**COMPLETE**

### STEP 4

Select the STC Center tab and select your STC plan from the dropdown list.

**UICONNECT® STC CENTER**

STC Center

[View STC Plans](#)  
To view/manage your STC plan(s) click the button on the right.

**CONTINUE**

**UICONNECT® STC CENTER**

STC Plan Center

STC Plan Number: 2016002130200701

**Employer Weekly Certification**  
Please select the end date of the week you are certifying.

Select

**CONTINUE**

**View Weekly Certification**  
To see a certification for a previous week, select the end date of the week from the dropdown menu.

Select

**CONTINUE**

### STEP 5

Select the end date of the week you are certifying.

**UICONNECT® STC CENTER**

Employer Weekly Certification Participant Upload for Benefit Week Ending 10/08/2016

Use the Browse button to upload your spreadsheet and click File Transfer.

[File layout specifications](#) (requires [Adobe Acrobat Reader v. 4.0](#) or greater to open)

Browse... **FILE TRANSFER**

**CANCEL**

### STEP 6

Upload your certification spreadsheet.

**UICONNECT® STC CENTER**

Employer Weekly Certification Participant Upload for Benefit Week Ending 10/29/2016

Please review the below records. If these are the correct records and totals, click Continue.

**TOTAL NUMBER OF PARTICIPANTS FROM FILE:**

SSN	Employee Offered Hours, Including Leave (Y/N)	Number of Hours Offered	Total Hours Worked	Number of Approved Leave Hours Taken	Still Employed (Y/N)

### STEP 7

Review and confirm that all of your entries are correct. If a value entered for any employee does not match the employee's entry in his or her weekly certification, there may be a delay in payment and a review of the participant's week.

**UICONNECT® STC CENTER**

STC Contact Information

Please enter the contact information that should be used for STC correspondence.

Name:

Email Address:

Verify Email Address:

Phone:

I hereby certify the above information is true and correct to the best of my knowledge.

Clicking "Submit" will

- Take you to the Confirmation Page
- Log you out of UIConnect

**CANCEL** **SUBMIT**

### STEP 8

Enter your STC contact information and submit your weekly certification.