

How to Create and Upload a UCB-114 Data File on SCBOS

Introduction

The UCB-114 filing via SCBOS allows you to manually enter claimants for a specific claim week or by uploading a preformatted CSV (Comma separated file). Although entering the data manually is accepted, creating a file could save your business time and effort. Once you have uploaded a file for a specific claim week ending date, you will be able to duplicate all the contents of that file by clicking a button.

If you choose to do the file upload, your file must meet the SCBOS format or it will be rejected. The correct formatting standards are below.

Key Terms

Claim Week Ending Day: The day the claim week ends. A claim week consists of a 7 day period. Your business has established a claim week day with SCDEW. A Claim week ending day can contain multiple or single claimants. If you are unsure of you day, please contact the SCDEW Claims Control Unit.

Claimant: The claimant on whose behalf the claim is being filed.

Upload File Structure

The file submitted must be a Text (.txt) or CSV (.csv) file.

The fields that the file should include are as follows:

Social Security Number, First Name, Middle Initial, Last Name, Earnings, Pension, Gender, Race, Corporate Officer, Has Address Change, Ethnicity, Valid Work Status, Date Of Birth, Street Address, City, State, Zip Code, County Name, Phone Number

Your file should not include a header row when you upload.

Sample File

Your Sample Valid File Should Look Like:

The first line includes all fields:

123457890,John,M,Doe,250.99,0,M,1,N,N,2,Y,01-01-1977,100 Main Street, Columbia, SC, 29201,Richland,8035551212

This line does not use the optional middle initial and phone number:

098765432,Jane,,Doe,9999,12,F,2,Y,Y,2,Y,01-02-1976,123 East Street, Lexington, SC, 29073, Lexington,

Field Descriptions

Social Security Number – The 9 digit social security number of the claimant. This field must not contain any dashes.

First Name – The claimant’s first name. No special characters are allowed.

Middle Initial (optional) – The claimant’s middle initial.

Last Name – The claimant’s last name. No special characters are allowed.

Earnings – The earnings the claimant earned with your business during the claim week. Include in this amount any vacation earnings, as well as any other earnings made with any other employer during the same claim week. The maximum value entered cannot exceed 9999.99

Pension – If the claimant is receiving a pension or retirement payment, enter this amount. If no retirement is being received, enter a zero (0). This should be the gross pension before deductions are made. Only show that amount of pension or retirement that you paid. **Exclude Social Security payments.**

Gender – The claimant’s gender – Use **M** for Male, **F** for Female

Race – The claimant’s race code, choose from the following values – only enter the **Code**:

Code	Value
1	White, Non Hispanic
2	Black, Non Hispanic
3	Hispanic
4	American Indian
5	Asian / Pacific Islander
6	Unknown

Corporate Officer – Indicates whether the claimant is a corporate officer/official of the business. Use **Y** for Yes, **N** for No.

Address Change – Indicate whether or not the address being entered has changed since the last week of unemployment benefits claimed for this claimant. Use **Y** for Yes, **N** for No.

Ethnicity – Use one of the valid Ethnicity Codes:

Code	Value
1	Hispanic or Latino
2	Not Hispanic or Latino
3	Unknown

Valid Work Status – Indicate whether or not the claimant is authorized to work in the United States. Use **Y** for Yes, **N** for No

Date of Birth – The date of Birth of the claimant. Any of the following formats are valid:

1/7/77

01-07-1977

1/7/1977

1-7-77

Leading Zero's on single digit months and dates can be included or excluded.

Street Address – The Street Address of the claimant

City – The city tied to the street address of the claimant

State – The state tied to the street address of the claimant. **Note : Valid Values are SC, NC, GA only.**

Zip Code – The zip code tied to the street address of the claimant

County Name – The name of the county tied to the street address of the claimant

Phone Number (optional) – The phone number of the claimant. Optional but encouraged.
