Equal Pay Act Registration



Illinois Department of Labor

Contact

Dol.eprc@illinois.gov

Hotline Phone: 312-793-6797

Login Page



Creating an Illinois Public ID Account

- You will need to create an Illinois Public ID Account.
- To create an Illinois Public ID Account click https://www2.illinois.gov/sites/accounts/Pages/default.aspx
- Click "Create a new Account" and complete the registration form.
- Once your account is created, continue with the instructions below
- 2 Equal Pay Act Registration Portal
 - After your Illinois Public ID Account is created you can access the Equal Pay Act Registration portal using the URL: https://webapps.illinois.gov/DOL/EPARC/
 - After clicking the link above, select "Public Account" and login using the username/password you just created.



Sign in with one of these accounts



Public Account



Partner Account



Employee Account

User Registration – First Time Only

All fields marked with asterisk(*) are required

First Name*: Your full first name

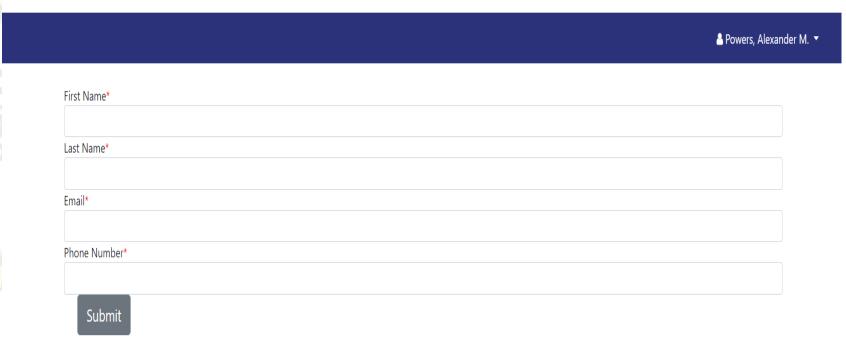
Last Name*: Your full last name

Email*: Primary email address for contacting you

Phone Number*: Primary phone number for contacting you



Equal Pay Act Registration



Add a Business Only pops up on first log in. Can also be accessed through

Only pops up on first log in. Can also be accessed through Business Information page.

All fields marked with asterisk(*) are required

Employer Identification Number*: EIN issued by the IRS

After entering the EIN, click outside the box to proceed



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Powers, Alexander M. ▼

Please enter your 9 digit Employer Identification number (EIN).

If your EIN has already been established in our system, we will provide you the ability to request access.

Employer Identification Number*

Add a Business

All fields marked with asterisk(*) are required

Employer Identification Number*: EIN issued by the IRS

Business Name*: Legal name on file with the IRS

Address Line 1*: Street address of business headquarters

Address Line 2: Second line of street address if necessary

City, State, Zip Code*: City, state, zip code of the business headquarters



Equal Pay Act Registration

♣ Powers, Alexander M. ▼

Please enter your 9 digit Employer Identification number (EIN).

If your EIN has already been established in our system, we will provide you the ability to request access.

Employer Identification Number*
123456789
Business Name*
Address Line 1*
Address Line 2
City*, State*, Zip Code*

Add a Business

This screen appears if the business has already been registered.

Click submit and the user that registered the business will receive an email requesting access



Home Page

New Submission – Submit a new application for an EPARC certificate

Business Information – Review businesses that you have access to and add new businesses

Submission History – View all submissions previously submitted for your business

Profile Information – Edit your name, email, & phone number



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Home

Business Information

Submission History

Profile Information

820 ILCS 112/11

Sec. 11. Equal pay registration certificate requirements; application.

For the purposes of this Section 11 only, "business" means any private employer who has more than 100 employees in the State of Illinois, and does not include the State of Illinois or any political subdivision, municipal corporation, or other governmental unit or agency.

(a) A business must obtain an equal pay registration certificate from the Department or certify in writing that it is exempt.

(b) Any business subject to the requirements of this Section that is authorized to transact business in this State on the effective date of this amendatory Act of the 101st General Assembly must obtain an equal pay registration certificate within 3 years after the effective date of this amendatory Act of the 101st General Assembly and must recertify every 2 years thereafter. Any business subject to the requirements of this Section that is authorized to transact business in this State after the effective date of this amendatory Act of the 101st General Assembly must obtain an equal pay registration certificate within 3 years of commencing business operations and must recertify every 2 years

Learn more

New Submission

Business Information Page

Each business will start with its information expanded for easy viewing.

Click on a business name to collapse the information if you'd like it out of the way.

Click Add Business to register an additional business to your account. (see slide 4)



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Submission History Page

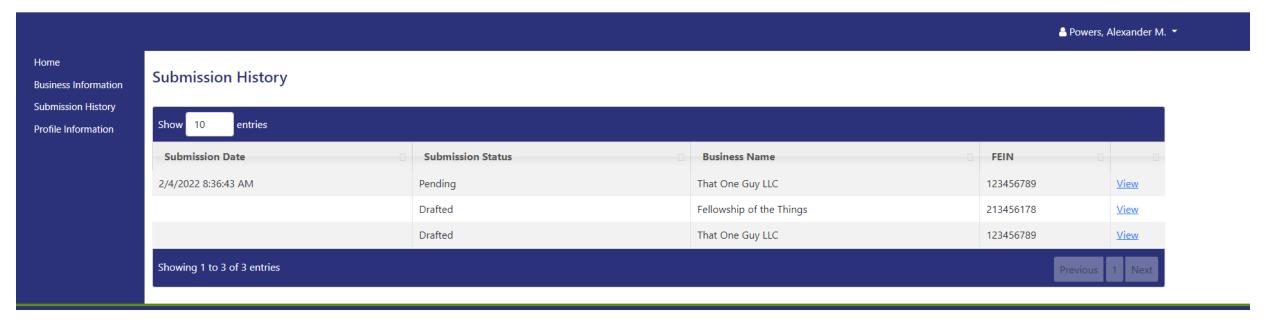
Allows review of all submissions the user has ever started.

Click view to review the information in the submission.

Clicking view **DOES NOT** allow you to edit a submission. Return to the Home page to continue working on a drafted submission.



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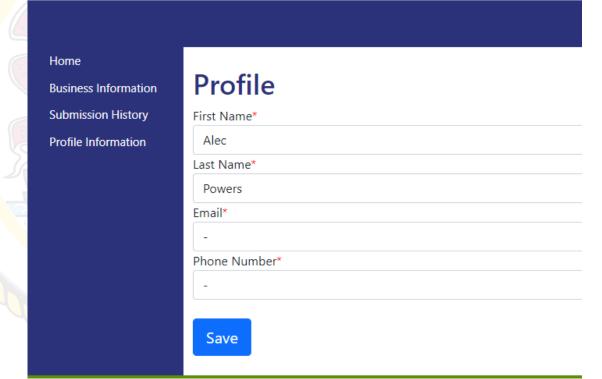
Profile Information Page



Equal Pay

Page will auto populate with your current information.

Make any necessary edits and click Save to update the information



Confirm Business

If business information is correct, click Confirm to continue application

If you are submitting for a different business, you will need to add that business through the Business Information page



Select Business

If you have multiple businesses, select the one for which you are submitting the application

If you are submitting for a business not listed, you will need to add that business through the Business Information page



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Please select the business for which you'd like to file.

Business Name Last 4 of EIN

Fellowship of the Things XX-XXX6178 Select

That One Guy LLC XX-XXX6789 Select

If this submission is for a business not listed above, please return to your profile and request access for that business.



Add Employees

ABOR

Equal Pay Registration

All fields marked with asterisk(*) are required

First Name*: Employee first name Last Name*: Employee last name

Last 4 of SSN*: Final 4 digits of employee SSN

Gender*: Employee gender Race*: Employee race

Ethnicity*: Employee ethnicity

Wages*: Wages paid in previous calendar year, rounded to nearest hundredth dollar

Hire Date*: Date employee started in this position
Termination Date: Date employee stopped working in this

position, for any reason (resignation, promotion, etc)

Job Classification*: EEO-1 Job Classification for employee's position

Job Title*: Payroll title for employee's position

Hours Worked*: Total Hours worked by that employee in the position. New for 2023.

County*: Illinois county in which employee performs the majority of their work

First Name*	Last Name*	Last 4 of SSN*
Gender*	Race*	Ethnicity*
Wages* ⊕	Job Classification*	Job Title*
Hours Worked* 🖰	Hire Date*	Termination Date ⊕
County*		

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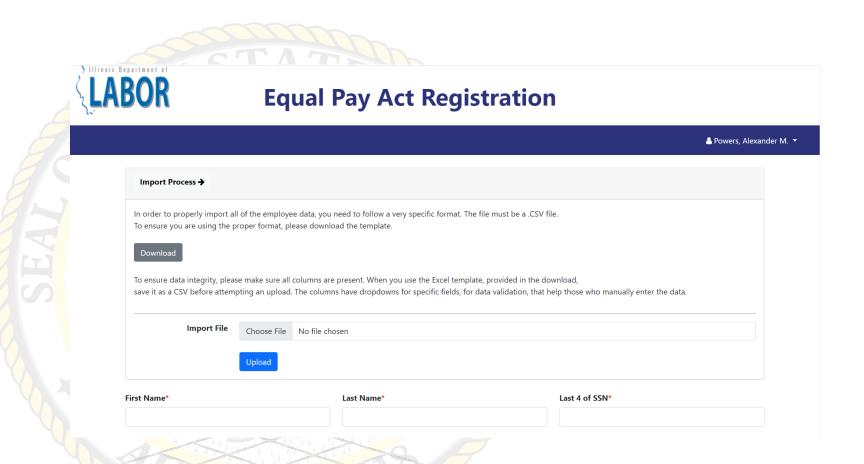
Continue to Next Step

Full Import Process

The full import process allows you to upload all of the required fields with a CSV file. You can download the template.

Requirements:

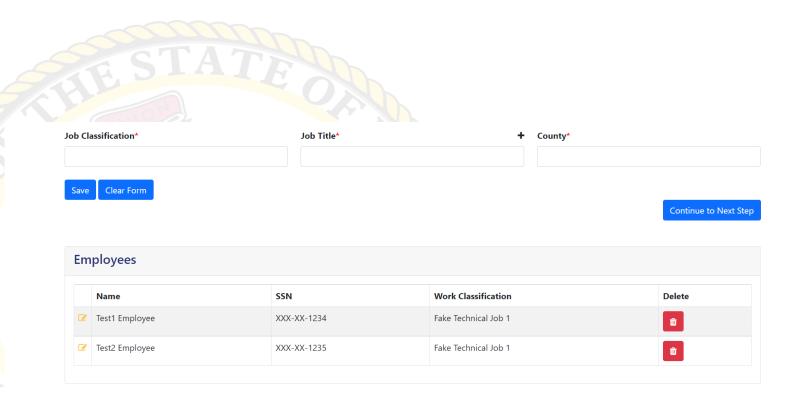
- 1. CSV File
- 2. Follow Template's Column Names
- 3. Data in appropriate format (See Template)





Saved Employee Details

- 1 At the end of the page, we can see the saved employee details
- Click on 🕜 to edit or view the employee details
- Click on Continue to Next Step to proceed



Required Documents

You must submit one additional document. The business must file a compliance statement



Equal Pay Registration



Please upload your compliance statement and any other necessary documents.

Choose File No file chosen

Compliance Statement

EEO-1

Other Supporting

Documentation

Uploaded Documents

File Name	File Type	Date Uploaded	
≍ <u>Fake Compliance Statement.pdf</u>	Compliance Statement	2/2/2023	

Return to Previous Step

Continue to Next Step

Contact Information

Compliance Statement Template



Review Page

Application Review

Business

Business:	That Other Guy LLC
Last 4 of EIN:	XX-XXX6789
Address:	5462 Somewhere Place
	Springfield, IL 62701

Employees

	Executive/Senior Level Official or Manager	First/Mid- Level Official or Manager	Professional	Technician	Sales Worker	Administrative Support Worker	Craft Worker (formerly Craft Worker (Skilled))	Operative (formerly Operative (Semi- Skilled))	Laborer or Helper (formerly Laborer (Unskilled))	Service Worker
Coles	0	1	0	0	0	0	0	0	0	0
DuPage	7	62	146	42	2	117	10	0	94	0
Kane	0	4	15	10	0	2	6	0	1	0

For more detailed information, please return to the employee screen

Files

File Name	File Type	Date Uploaded	
Fake Compliance Statement.pdf	Compliance Statement	2/2/2023	

I hereby certify, that all information provided above is true and accurate.

☐ Do Agree To Certification*

First and Last Name

Review Page

Click on Do agree with certification and enter the First Name (Space) Last Name to certify the certificate

Click on previous button to go back to previous screens

Click on Finish & Pay to proceed

I hereby certify, that all information provided above is true and accurate.

☐ Do Agree To Certification*

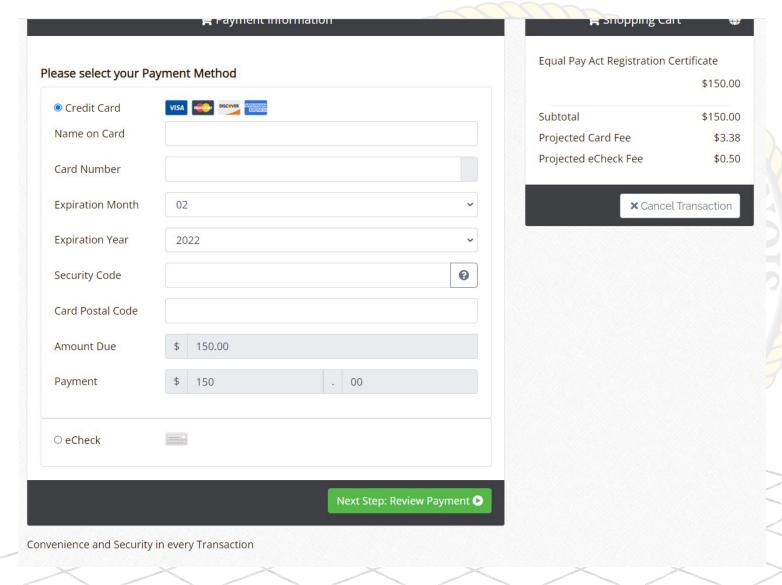
First and Last Name

Return to Employee Page

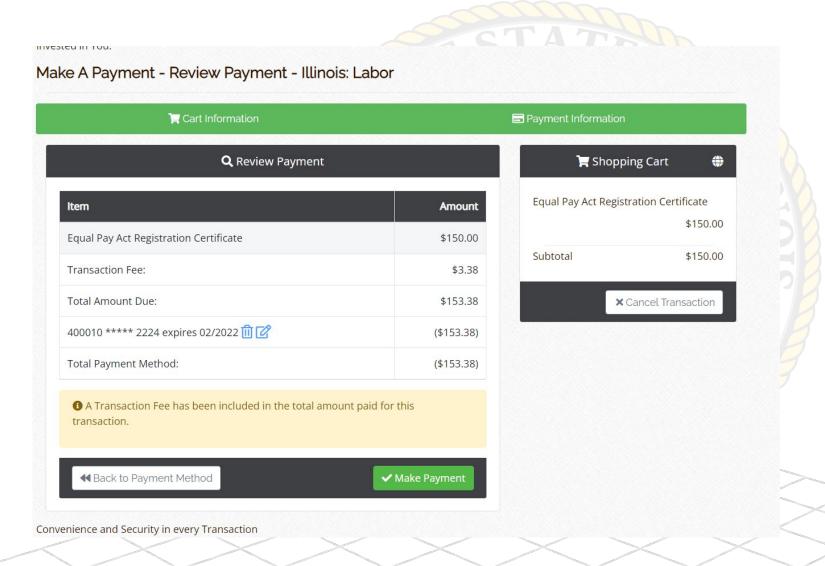
Return to File Page

Finish & Pay

Payment



Payment



Confirmation Page

An email will be sent with the same information to the user that submitted the application and the user that first registered the business (if they are different users)



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Contact

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