

<b>U.S. DEPARTMENT OF LABOR</b> <b>Employment and Training Administration</b> <b>Washington, D. C. 20210</b>	<b>CLASSIFICATION</b> UI
	<b>CORRESPONDENCE SYMBOL</b> TEUR
	<b>ISSUE DATE</b> October 19, 1999
<b>RESCISSIONS</b> None	<b>EXPIRATION DATE</b> October 31, 2000

**DIRECTIVE : UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 05-00**

**TO : ALL REGIONAL ADMINISTRATORS**

**FROM : GRACE A. KILBANE**  
**Director**  
**Unemployment Insurance Service**

**SUBJECT : Instructions for Contingency Reporting of Unemployment Insurance Data**

1. **Purpose.** To give State Employment Security Agencies (SESAs) instructions for reporting Unemployment Insurance (UI) data if the SESA or National Office SUN Computer system is unavailable due to year 2000 compliancy issues or if SESA internal computer systems fail.
2. **Reference.** [UIPL No. 46-98](#).
3. **Background.** Year 2000 compliant software was developed and tested at the National Office and downloaded to States. While unlikely, failure is possible for either the SUN State software, which accepts the UI reports data for electronic transmission, or the National Office SUN software, which accepts the SESA submitted reports. If either of these systems fail, it is important for the SESAs to report minimum data elements as outlined in [UIPL No. 46-98](#).

If a SESA's internal systems fail, that SESA should manually collect the essential data or make good estimates and submit through the SUN system. Where partial reporting will not allow for submission over the SUN, then paper reports will have to be faxed or mailed.

4. **Action.** In the event that States cannot submit data electronically, the attached copies of report forms will be used to submit the required data. Reports should be faxed to 202-219-8506, Attn: REPORTS, or, if time allows, mailed to UI Reports, Room S-4231, 200 Constitution Avenue, N.W., Washington, DC 20210-0001.
5. **Attachments.** Blank forms for:

[ETA 191](#)  
[ETA 207](#)  
[ETA 2112 \(regular and EUC\)](#)  
[ETA 538](#)  
[ETA 539](#)  
[ETA 581](#)  
[ETA 5130](#)

[ETA 5159](#)

[ETA 902](#)

[ETA UI1](#)

[ETA UI3 \(regular, SAVE, AB, and Trade\).](#)





## ETA 207 - NONMONETARY DETERMINATION ACTIVITIES

REPORT FOR PERIOD ENDING:

STATE::

### SECTION A. DETERMINATIONS, REDETERMINATIONS & DENIALS

Item.		Line No	Single Claimant Totals		Multiclaimitant Totals			
			Total Determ. & Redeterm	Total Determ.	Total Redeterm	Total Multicla	Labor Dispute	Other
			(1)	(2)	(3)	(4)	(5)	(6)
STATE UI	Determ.	101						
	Denials	102						
UCFE No UI	Determ.	103						
	Denials	104						
UCX No UI	Determ.	105						
	Denials	106						

### Section B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE-CLAIMANT

Item		Line No.	Total Separat. Issues	Voluntary Leaving	Discharge for Misconduct	Other
			(7)	(8)	(9)	(10)
State UI	Determ.	201				
	Denials	202				
UCFE No UI	Determ.	203				
	Denials	204				

### SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES

Item		Line No.	Total Nonseparation Issues	Able, Avail & Activ Seeking	Disqualifying or Deduct. Income	Refusal of Suitabl Work	Report Require Call-ins & other	Refusal Profil. Referrals	Other (aliens athlete school)
			(11)	(12)	(13)	(14)	(15)	(16)	(17)
State UI	Determ.	301							
	Denials	302							

## ETA 2112 - UI Financial Transaction Summary Unemployment Fund

A. REPORT PERIOD ENDED:		B. REGION CODE		C. STATE CODE	
ITEM	LINE NO	NET TOTALS (Sum of cols. D, E & F)	CLEARING ACCOUNT	UNEMPLOYMENT TRUST FUND ACCOUNT	BENEFIT PAYMENT ACCOUNT
A	B	C	D	E	F
<b>BALANCE FORWARD</b>	<b>01</b>				
<b>DEPOSITS</b>					
Total Deposits	10				
Net UI Contribs.	11				
Penalty/Interest	12				
U.S. Treas. Inter.	13				
Title IX (Reed)	14				
Intra) Acct. Tran.	15				
Interstate Benef.	16				
UCX Advance/Reimb.	17				
Reimb. Local Gov't	18				
Reimb. State Gov't.	19				
Remib. Non) profit	20				
Fed share EB	21				
FEC Activity	22				
UCFE Advance/Reimb	23				
From Other Sources	24				
From Other Sources	25				
<b>DISBURSEMENTS</b>					
Total Disburs.	30				
Net UI Benefits	31				
Net State Share EB	32				
Reimb. Local Gov't.	33				
Reimb. State Gov't.	34				
Reimb. Non) profit	35				
UCX Net Payments	36				
Fed. Share (Reg.)	37				
Fed. Share (EB)	38				
FEC Activity	39				
Interstate Benef.	40				
Title IX (Reed)	41				
To Special Funds	42				
UCFE Net Payments	43				
Intra) Acct Trans.	44				
Other (Explain)	45				
<b>BAL. CLOSE MONTH</b>	<b>46</b>				



# ETA 538, ADVANCE WEEKLY INITIAL AND CONTINUED CLAIMS REPORT

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REPORT FOR PERIOD ENDING:

STATE:

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Week Number:

Reflected Week Ending:

Intrastate & Interstate Agent Initial Claims :

Intrastate Continued Weeks Claimed :

Intrastate Liable Continued Weeks Claimed :

# ETA 539 - CLAIMS AND EXTENDED BENEFITS DATA

REPORT FOR PERIOD ENDING:

STATE:

Week Number:

Reflected Week Ending:

IC: FIC: XIC: WSIC: WSEIC:

CW: FCW: XCW: WSCW: WSECW:

EBT: EBUI: ABT: ABUI:

AT: CE: R: AR: P:

STATUS:

STATUS CHANGE DATE:

## ETA 581 - CONTRIBUTION OPERATIONS

Report For Quarter Ended:

State:

Ln	End of Quarter Employers			4. Delinquency Cutoff Date	5. Total Wage Items Received
101	1. Contrib.	2. Reimbur.	3. Total		

### EMPLOYER REPORTS FOR PRECEDING QUARTERS

201	Contributory Employers			Reimbursing Employers		
	6. Timely	7. Secured	8. Resolved	9. Timely	10. Secured	11. Resolved
	12. No. Outstanding Qtrs. Prior to Report Quarter		13. Total Estimated Contributions Due			

### STATUS DETERMINATIONS

301	Newly Established Employers			Successor Employers			
	14. Number	15. Time Lapse <= 90	16. Time Lapse <= 180	17. Number	18. Time Lapse <= 90	19. Time Lapse <= 180	20. Inactv Terminations

### CONTRIBUTORY EMPLOYER RECEIVABLES

401	21. Total Beg. Period	22. Determ Receivable	23. Liquidated	24. Declared Uncollected	25. Removed End Period	26. Total End Period	27. Employers Owing
402	Age of Receivables						
	28. 6 Months or Less	29. 9 Months	30. 12 Months	31. 15 Months	32. Over 15 Months		

### REIMBURSING EMPLOYER RECEIVABLES

403	33. Total Beg. Period	34. Determ Receivable	35. Liquidated	36. Declared Uncollected	37. Removed End Period	38. Total End Period	39. Employers Owing
404	Age of Receivables						
	40. 6 Months or Less	41. 9 Months	42. 12 Months	43. 15 Months	44. Over 15 Months		

### AUDIT ACTIVITY

501	Number of Audits		47. Calendar Quarters Audited	Total Wages Audited		50. Number Change Audits	51. Hours Spent Auditing
	45. Large Employers	46. Total Audits		48. Pre-Audit	49. Post-Audit		
	Amount Underreported			Amount Overreported			
	52. Total Wages	53 Taxable Wages	54. Contributions	55. Total Wages	56. Taxable Wages	57. Contributions	

## ETA 5130 - BENEFIT APPEALS REPORT

REPORT FOR PERIOD ENDING:

STATE:

**SECTION A. Single Claimant and Multiclaimant Appeals Case Decisions and Other Dispositions**

Line No.	UI Decisions		UCFE-No UI Decisions		UCX Only Decisions		Other Dispositions (7)
	Lower Authority (1)	Higher Authority (2)	Lower Authority (3)	Higher Authority (4)	Lower Authority (5)	Higher Authority (6)	
100							

**SECTION B. Claimants Involved in State UI Appeals Cases by Status of Appeals**

Line No.	Status of Appeals	Single-Claimant Appeals		Multi-Claimant Appeals	
		Lower Authority (8)	Higher Authority (9)	Lower Authority (10)	Higher Authority (11)
200	Filed During Month				
210	Disposed of During Month				

**SECTION C. State UI Appeals Decisions by Type of Appellant**

Line No.	UI Appeals Decisions	All UI Decisions		Claimant		Employer		Other	
		Lower Auth. (12)	Higher Auth. (13)	Lower Auth. (14)	Higher Auth. (15)	Lower Auth. (16)	Higher Auth. (17)	Lower Auth. (18)	Higher Auth. (19)
300	Total								
310	In Favor of Appellant								

**SECTION D. Number of Lower Authority State UI Appeals Decisions by Issue**

Line No.	Total UI Decisions (20)	Voluntary Quit (21)	Misconduct (22)	Refusal of Suitable Work (23)	Not Able or Available (24)	Labor Dispute (25)	Other (26)
400							

# ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: \_\_\_\_\_ STATE: \_\_\_\_\_ REGION: \_\_\_\_\_

## SECTION A. Claims Activities

Program	Line No.	Initial Claims							Entering Self Employment, All Programs (14)
		Total Sum of Cols. 2-4 (1)	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)	
State UI	101								
UCFE, No UI	102								
UCX Only	103								
		Eligibility Reviews			Continued Weeks Claimed				
		Intrastate (8)	Interstate Liable (9)	Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Taken as Agent State (12)	Interstate Received as Liable State (13)		
State UI	201								
UCFE, No UI	202								
UCX Only	203								

## SECTION B. Payment Activities

Items		Weeks and Amounts Compensated							Self Employment, All Programs (21)	
		State UI Program			UCFE and UCX Programs					
		All Weeks Compensated (15)	Total Unemployment (16)	Interstate (17)	Total (18)	UCFE, No UI (19)	UCX Only (20)			
Number	301									
Amount	302									
		First Payments for All Unemployment				Final Payments for All Unemployment				
		State UI Program			UCFE & UCX Programs		State UI Program		UCFE & UCX Programs	
		Total (22)	Intrastate (23)	Interstate (24)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)	
Number	303									

**ETA 902 - EMPLOYMENT AND TRAINING ADMINISTRATION  
DISASTER PAYMENT ACTIVITIES UNDER THE DISASTER RELIEF ACT OF 1974**

PERIOD ENDED		STATE	FEMA No.	DISASTER DATE	ANNOUNCEMENT DATE		
CATEGORY	Line No.	INITIAL APPLICATIONS	NUMBER DETERMINED ELIGIBLE	FIRST PAYMENTS	TIME LAPSE IN DAYS		
					14 OR LESS	OVER 14	
Total	101						
UI Claimant	102						
Non-UI Claimant	103						
Self Employed	104						
		WEEKS OF ASSISTANCE CLAIMED	WEEKS OF ASSISTANCE COMPENSATED	TOTAL AMOUNT COMPENSATED			
Total	201						
UI Claimant	202						
Non-UI Claimant	203						
Self Employed	204						
		APPEALS DISPOSED					
		STATE LEVEL	RA	WEEKS OF ASSISTANCE DENIED	WEEKS OF ASSISTANCE REDUCED		
Total	301						
UI Claimant	302						
Non-UI Claimant	303						
Self Employed	304						
		OVERPAYMENTS					
		CASES DETERMINED	WEEKS	AMOUNT	AMOUNT RECOVERED		
Total	401						
Willful Misrepresentation	402						

COMMENTS:

## ETA UI1 - UI STAFF HOURS & TRAVEL STAFF YEARS

State	Fiscal Year	Report Date		
1. Travel Staff	2. Type of Leave Hours	No. of Hours		
a. Benefits  (Itinerant Claims)	a. Holiday			
	b. Annual			
	c. Sick			
b. Appeals	d. Other			
	e. Total (a thru d)			
c. Tax	3. Hours Worked			
	4. Hours Paid			
5. Annual Hours Per Staff Year and Quarterly Distributions				
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Hours Worked				
Hours Paid				

## ETA UI3 - QUARTERLY FINANCIAL REPORT (REGULAR)

STATE:                      QUARTER ENDING:                      VERSION #                      PAID:

### SECTION A: UI PROGRAM STAFF-YEAR USAGE

PROGRAM CATEGORY	QUARTER		YEAR-TO-DATE
	SYW	SYP	SYP
1. Claims Activities			
2. Employer Activities			
3. Quality Control			
4. Support/AS&T			
5. Trade			
6. Other			
7. Total Staff Years			

### SECTION B: REGULAR CONTINGENCY ENTITLEMENT CERTIFICATION

Standard Hours	Qtrly:	Year-to-Date:	Yearly
CLAIMS ACTIVITY	TOTAL WORKLOAD	MPU	SY WORKED/EARNED
1. Initial Claims, Reg+EB+STC			
2. Initial Claims, Third Tier			
3. Weeks Claimed, Reg+EB+STC			
4. Weeks Claimed, Third Tier			
5. Weeks Claimed, Inter.Reg+EB			
6. Weeks Claimed, Inter.Third Tier			
7. Nonmon.Dets, Reg+EB+STC			
8. Nonmon.Dets.Third Tier			
9. Appeals, Reg+EB+STC			
10. Appeals, Third Tier			
11. Appeals, Inter.Taken			
12.. Appeals, Inter. Hearings Held			
13. Appeals,Multi.Decisions			
14. Monetary Redeterminations			
15. Other Staff Years (Specify)			
16. Total Staff Years Worked/Earned Lns.1 thru 15			
17. Entitlement SY Paid                      Ln. 16- base			
18. Entitlement SY Paid                      Ln. 17X Expr Leave			
19. PS/PB \$ rate Ln.18 X			
20. Support Ln.19 X			
21. Other \$ (specify)			

22. Total Dollar Costs 19+20+21	Lns.		
23. Advance			
24. Net Dollar Entitlement Ln. 22-23			

# ETA UI3 - QUARTERLY FINANCIAL REPORT (ADDITIONAL BENEFITS)

STATE: \_\_\_\_\_ QUARTER ENDING: \_\_\_\_\_ VERSION # \_\_\_\_\_ PAID: \_\_\_\_\_

Standard Hours	Qtrly:	Year-to-Date:	Yearly
CLAIMS ACTIVITY	TOTAL WORKLOAD	MPU	SY WORKED/EARNED
1. Initial Claims			
2. Weeks Claimed			
3. Nonmonetary Determinations			
4. Appeals			
5. Monetary Redeterminations			
6. Other Staff Years (specify)			
7. Total Years Worked Lns 1 thru 6			
<b>COMPUTATION OF NET DOLLAR ENTITLEMENT</b>			<b>STATE REQUEST</b>
8. Staff Years Paid Ln. 7 X Experienced Leave			
9. PS/PB Entitlement rate Ln. 8 X			
10. Support Entitlement Ln. 9 X			
11. Other Staff Years (specify)			
12. Total Dollar Costs Lns 9 thru 11			

## ETA UI3 - QUARTERLY FINANCIAL REPORT (SAVE)

STATE: \_\_\_\_\_ QUARTER ENDING: \_\_\_\_\_ VERSION # \_\_\_\_\_ PAID: \_\_\_\_\_

Standard Hours	Qtrly:	Year-to-Date:	Yearly
CLAIMS ACTIVITY	TOTAL WORKLOAD	MPU	SY WORKED/EARNED
1. Initial Claims			
2. Other Staff Years (specify)			
3. Total Years Worked Lns 1 thru 6			
<b>COMPUTATION OF NET DOLLAR ENTITLEMENT</b>			<b>STATE REQUEST</b>
4. Staff Years Paid Ln.3 X Experienced Leave			
5. PS/PB Entitlement rate Ln.4 X			
6. Support Entitlement 5X Ln.			
7. Other Staff Years (specify)			
8. Total Dollar Costs Lns 5 thru 7			

## ETA UI3 - QUARTERLY FINANCIAL REPORT (TRADE)

STATE: \_\_\_\_\_ QUARTER ENDING: \_\_\_\_\_ VERSION # \_\_\_\_\_ PAID: \_\_\_\_\_

Standard Hours	Qtrly:	Year-to-Date:	Yearly
CLAIMS ACTIVITY	TOTAL WORKLOAD	MPU	SY WORKED/EARNED
1. Initial Claims			
2. Weeks Claimed			
3. Nonmonetary Determinations			
4. Appeals			
5. Monetary Redeterminations			
6. Other Staff Years (specify)			
7. Total Years Worked Lns 1 thru 6			
<b>COMPUTATION OF NET DOLLAR ENTITLEMENT</b>			<b>STATE REQUEST</b>
8. Experienced Leave 6 X Ln.			
9. PS/PB Entitlement rate Ln. 8 X			
10. Support Entitlement 9 X Ln.			
11. Other Staff Years (specify)			
12. Total Dollar Costs 11 Lns 9 thru			