

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

22. State Agency Processing of TC-ETA-931 Response Record. The State agency has the same responsibilities upon the receipt of the TC-ETA-931 response record that it does upon the receipt of the completed paper Form ETA-931 from the Federal agency. The State agency should develop procedures to "flag" the claimant's record when the Federal agency's response in certain fields is critical to the claimant's eligibility, e.g., answering "no" where asked did the claimant perform Federal civilian service, or entering the code of a potentially disqualifying code in the reason for separation.

a. Federal Civilian Service. Field number 24 contains the Federal agency's response to whether the claimant performed Federal civilian service. If, there is a "N" marked in this field, field numbers 25-31 should contain additional information concerning the nature of the service that the claimant performed. The State will issue a determination based on the information provided or forward the agency's response to the USDOL for a coverage ruling, if necessary.

b. Reason for Separation. A code of 3, 4, or 7 in Field number 33 indicates a potential disqualifying separation. A detailed explanation of the separation should be found in Field number 45.

23. Use of a Claimant's Affidavit to Determine UCFE Eligibility. The State agency is to use the Form ETA-935, Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation, to determine the claimant's monetary and non-monetary eligibility when no response is received from the Federal agency within the time frames provided below. State agencies are not to send a "Second Request" ETA-931 to the Federal agency.

The time frames for using the affidavit are as follows:

Type 1, Delivery Indicator. When the Federal agency is identified with type "1" delivery indicator in Field number 17 of the TC-ETA-931 and TC-ETA-931A, and Field number 15 of the TC-ETA-934, the State should use a completed Form ETA-935 to determine the claimant's eligibility after 7 days have elapsed from the date (ICON export date) that the TC-ETA-931 was sent to the Federal agency and no response has been received.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

Type 2, Delivery Indicator. When the Federal agency is identified with type "2" delivery indicator in Field number 17 of the TC-ETA-931 and TC-ETA-931A, and Field number 15 of the TC-ETA-934, the State should use a completed Form ETA-935 to determine the claimant's monetary eligibility after 7 days have elapsed from the date (ICON export date) that the TC-ETA 931 was sent to the Federal agency and no response has been received. The Form ETA-935 should be used to determine the claimant's non-monetary eligibility after 12 days have elapsed from the date that the ETA-931 was mailed to the Federal agency for separation information and no response has been received.

Type 3, Delivery Indicator. When the Federal agency is identified with type "3" delivery indicator in Field number 17 of the TC-ETA-931 and TC-ETA-931A, and Field number 15 of the TC-ETA-934, the State should use a completed Form ETA-935 to determine the claimant's monetary and non-monetary eligibility after 12 days have elapsed from the date that the ETA-931 was mailed to the Federal agency and no response has been received.

The Form ETA-935 should identify the documentary evidence submitted by the claimant to show he or she performed civilian service for the Federal Government (e.g., SF-50, earnings and leave statements, W-2, etc.). If at the time the claimant completes a Form ETA-935, he or she does not have documentary evidence, the interviewer should advise the claimant to provide such documents to the State agency at the earliest opportunity.

When a Form ETA-931, ETA-931A, or ETA-934 is received after a determination has been made based on the claimant's affidavit, a redetermination should be issued, if appropriate, in accordance with State law. Information supplied by a Federal employer after a determination has been made should be given the same consideration and should have the same effect as material information supplied by a State covered employer under similar circumstances.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

a. Form ETA-935, Claimant's Affidavit of Federal Civilian Service, Wages and Reason for Separation.

(STATE AGENCY IDENTIFICATION)			
CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE, WAGES AND REASON FOR SEPARATION			
1. State Agency Address:		2. Claimant's Name and mailing Address	
3. IO/Call Center ID:	4. Date of Request:	5. Eff. Date of Claim:	6. Separation Date
7. Federal Agency Name & Address:		8. Social Security Number	
Instructions: Complete and Return Immediately			
9. Affidavit of Federal Wage and Separation Information/Documentary Evidence			
a. Enter the location of your Official Duty Station: (City, State)			
b. Enter your wages with the above named employer below. Show wages by quarter starting with the wages that you earned after <u>(base period begin date)</u> up to the date you separated from this employer. Under Documentary Evidence, enter the source of the information provided and attach a copy. If additional space is needed to explain reason for separation, attach your signed explanation.			
Quarter Ending	Year	Gross Wages	Documentary Evidence
c. Severance Pay. Did you receive or are you entitled to receive severance pay provided by Federal law or agency employee agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete the following information: Total Entitlement: \$_____. Severance Pay Period Beginning date: __/__/__ Ending Date __/__/__			
d. Pension: Are you entitled to receive a pension from any branch of the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No. Enter Gross Monthly Pension \$ _____			
e. Reason for Separation:			
I, the claimant, understand that penalties are provided by law for an individual making false statements to obtain benefits and that determinations based on an affidavit are not final: that determinations are subject to correction upon receipt of wage and separation information from the Federal agency, that benefit payments made as a result of such determination may have to be adjusted on the basis of information from the Federal agency, and that any amount overpaid will have to be repaid or offset against future benefits. I, the claimant, swear or affirm, that the above statements, to the best of my knowledge, are true and correct.			
10. Signature of Claimant _____ Date __/__/____			

ETA-935 (Revised 8/2001)

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

b. Number of Copies. Sufficient copies of the Form ETA-935 are to be prepared for State agency use.

c. Completion. The Items on Form ETA-935 are self explanatory. Item 9B, "Documentary Evidence," should be completed in all cases. However, if the claimant omits the entry and has provided sufficient documentation, i.e., pay stubs, SF 50, earnings and leave statement to support the entries, the State should honor the affidavit.

d. Federal Civilian Employees' Salary Rates. When the State agency is calculating the claimant's gross wages based on the claimant's statement and an SF-50, refer to the most recent Unemployment Insurance Program Letter showing a list of Federal Annual Salary Rates. This will aid in determining the claimant's wages.

24. ETA-931A, Request for Separation Information Additional

Claim. The ETA-931A is available in a paper format and an electronic format and is used to request separation information or the reason for non-pay status on an additional claim, when a claimant has established a benefit year and is filing an additional claim after an intervening period of employment in a Federal agency.

When the claimant has a disqualification in effect, the State agency should include its request for wages and/or weeks of employment subsequent to the disqualification, to determine if the claimant has met the requalification requirements.

Sending the electronic or paper version of the ETA-931A is initiated by data entry through the ICON UCFE application. When a form has to be mailed to the Federal agency, a record of the information data entered and the agency's name and address will be written to a file for use in completing the form. Additional information concerning the use of the data entry screen and record format is contained in the ICON UCFE Users Guide. Below is the ICON data entry screen.

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAM CHANGES**

a. Data Entry Screen for ETA-931A.

UCFE SUPPORT SYSTEM	
TC-ETA931A REQUEST FOR SEPARATION INFORMATION	
OPTION: __ (1)	
SSN: __ __ __ (2)	OFFICE: __ (3)
CREATION DATE: / / (4)	EFF DT: / / (5)
NAME: FIRST: _____ (6)	MI: _ (7) LAST: _____ (8)
FIC: __ (9)	DESTINATION: __ (10)
CLEAR=CANCEL ENTER=ADDRESS SCREEN PF1=HELP PF3=ADD PF4=CANCEL	
FE009 - ENTER DATA AND THEN PRESS THE ENTER KEY	

b. Form ETA-931A, Request for Separation Information - Additional Claim. The State should reproduce this form in the format provided, except that, if the State's law does not consider the receipt of a lump sum annual leave payment or severance payment as wages or disqualifying income, the State should print the item number and "Not Applicable" on the form, i.e., "9. C. Not Applicable."

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

(1) Purpose and Use. The Form ETA-931A is used by the State agency in connection with each additional claim when it is necessary for the State agency to obtain intervening Federal civilian employment and separation information. This form is used in lieu of the regular "notice of claim filed" used in connection with State UC additional claims.

(2) Preparation. Item 1 thru 7 are to be completed by the agency. The information required to complete these items will be provided as a file by the ICON UCFE system. For the "Date of Request" entry, enter the date the Form ETA-931A is mailed.

A signed Privacy Act release statement is no longer required from a claimant to authorize the release of information requested. However, if State law requires all claimants to sign a Privacy Act release statement, then a UCFE claimant would also be required to sign the same statement.

c. TC-ETA-931A, Request Record Format. Data entering claimant information manually or electronically to the ICON UCFE data entry screen shown in item 24. a. above will result in the creation of the TC-ETA-931A request records shown below. Additional information concerning the use of the ICON UCFE application is contained in the ICON UCFE State Users Guide. The field name and description identifies the information that is to be provided.

ETA-931A, Request Record Format (State Agency Request Record Format)						
FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	REQ/ OPT	
	Record Key is Fields 1 through 4					
1	Social Security No.	N	1	9	R	Claimant's SSN.
2	Effective Date	N	0	8	R	The effective date of the claim. Format is CCYYMMDD.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

3	Sequence Identifier	N	8	2	R	Sequence of record supplied by the sending State. Sequence will begin with 01. Each new record for the same SSN and Effective Date will be incremented by +1.
4	Type of Request	N	20	2	R	Values: 02 = 931A Request Record.
5	FIC of Responding Agency	N	22	3	R	The Federal agency's three digit identification code.
6	Destination Code of Responding Agency	N	25	4	R	The Federal agency component's four digit destination code.
7	Filler	N	29	8	R	Spaces.
8	Requesting State's Postal Code	A/N	37	2	R	The Sending State's postal code
9	Creation Date	N	39	8	R	Date the electronic request is created. Format is CCYYMMDD.
10	Creation Time	N	47	6	R	Time the electronic request is created. Format is HHMMSS.
11	Filler	N	53	8	R	Spaces.
12	First Name	A/N	61	20	R	The claimant's first name.
13	Middle Initial	A/N	81	1	0	The claimant's middle initial.
14	Last Name	A/N	82	23	R	The claimant's last name.
15	Filler	A/N	105	1	R	Space.
16	Local Office/ Call Center	A/N	106	4	R	Code identifying the Local Office or Call Center Number from the Sending State or spaces.

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAM CHANGES**

17	Delivery Indicator	A/N	110	1	R	Indicator specifying the receiving Federal Agencies method of responding to requests. 1 = Send Electronic Request for Wage and Separation Information. 2 = Send Electronic Wage Request and Mail Request for Separation Information. 3 = Mail Request for Wage and Separation Information.
18	Type of Response Requested	A/N	111	1	R	Space. This field indicates how the requesting state would like to receive wages. Therefore, this field does not apply to a 931A request.
19	Date Exported	N	112	8	R	Date the request was exported. Format is CCYYMMDD.
20	Time Exported	N	120	6	R	Time the request was exported. Format is HHMMSS.
21	Response Received Indicator	A/N	126	1	O	This field will be set to 'X' when the response is received from the Federal Agency.
22	Filler	A/N	127	74	R	Spaces.
23	Agency Name	A/N	210	50	R	Name of the Federal agency
24	Agency Component	A/N	51	50	R	Name of the Federal Agency Component
25	Agency Address line 1	A/N	31	50	R	First line of the Street or Postal Address for the Federal Agency.
26	Agency Address line 2	A/N	351	50	R	Second line of the Street or Postal Address for the Federal Agency.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

27	Agency Address line 3	A/N	401	50	R	Third line of the Street or Postal Address for the Federal Agency.
28	Agency City	A/N	451	50	R	City of the Postal address.
29	Agency State	A/N	501	2	R	State Alpha Postal Code.
30	Agency Postal	A/N	503	13	R	Postal Zip Code. Format is: XXXXX-XXXX-XX.
31	Agency Country	A/N	516	26	R	Country Name or Abbreviation.
32	Filler	A/N	542	1	R	Space.
33	Address Change Indicator	A/N	543	1	O	Address Change Indicator . If this is a new address or the address is different from what is on the Directory of Federal Agencies file, this field will contain an 'X'. Otherwise, the field will contain a space.
34	Filler	A/N	544	457	R	Spaces.
	TOTAL RECORD			1000		

d. TC-ETA-931A Response Record Format. This is the response record that the state will receive from the federal agency and the description of information that should be received in each field.

ETA-931A Response Record Format (Federal Agency Response Record Format)					
FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	DESCRIPTION
	Record Key is Fields 1 through 4				
1	Social Security No.	N	1	9	Claimant's SSN
2	Effective Date	N	10	8	The effective date of the claim
3	Sequence Identifier	N	18	2	This sequence number identifies the original and subsequent responses to the request identified by sequence number in Field 28. The response numbering should be sequential beginning with 01 (up to 99) as follows: 01 = 1st response (original response to request)

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAM CHANGES**

					02 = 2nd response (first amended response) 03 = 3rd response (second amended response) etc.
4	Type of Response	N	20	2	Values: 05 = 931A response record.
5	Response Creation Date	N	22	8	Date the response was created by the Federal Agency.
6	FIC	N	30	3	Federal Identification Code of the Federal Agency sending the response.
7	Destination	N	33	4	Destination Identification Code of the Federal Agency sending the response.
8	Social Security No.	N	37	9	Claimant's SSN
9	Effective Date	N	46	8	The effective date of the claim
10	First Name	A/N	54	20	The claimant's first name
11	Middle Initial	A/N	74	1	The claimant's middle initial
12	Last Name	A/N	75	23	The claimant's last name
13	Date of Separation/ Last Date in active pay status	N	98	8	The date of separation or the last day in active pay status if not separated. Format is CCYYMMDD.
14	Reason for Separation/ Non-pay Status	N	106	1	Valid values are: 1 = Permanent Layoff 2 = Temporary Layoff/Furlough 3 = Quit 4 = Discharged 5 = Labor Dispute 6 = Retirement 7 = Other
15	Severance Pay	A/N	107	1	"Y" - If the individual has received or will receive Severance pay after this separation. "N" - If the individual did not and will not receive severance pay after this separation.

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAM CHANGES**

16	Severance Pay - begin date	N	108	8	The date for which severance pay begins. Format is CCYYMMDD.
17	Severance Pay - end date	N	116	8	The date for which severance pay ends. Format is CCYYMMDD.
18	Severance Payment amount	N	124	9	The total dollar amount of severance pay. Format is 999999.99 (Right justify, i.e., 012590.88)
19	Annual Leave	A/N	133	1	Y" - If the individual has received or will receive a lump sum annual leave payment after these separation date. "N" - If the individual did not and will not receive a lump sum annual leave payment after these separation date.
20	Annual Leave Amount	N	134	8	The total dollar amount of annual leave payment paid/due. Format is 999999.99 (Right justify, i.e., 012590.88)
21	Number of Days of Annual Leave	N	142	3	The number of days of annual leave paid/due. Format is 001 (right justified).
22	Date of Annual Leave Payment	N	145	8	The date on which annual leave payment issued. Format is CCYYMMDD.
23	Monthly Pension Payment Amount	N	153	8	If field 14 contains "6", enter the gross dollar amount of monthly pension payment. Format is 99999.99 (Right justify, i.e., 02590.88)
24	Explanation of Reason for Separation/ Non-pay Status	A/N	161	400	Provide a detailed explanation in 400 characters or less.
25	Requesting State's Postal Code	N	561	2	Postal Code of the State that requested the information.
26	Filler	A/N	563	1	Space
27	Date of Separation Payment	N	564	8	The date on which separation payment was issued. Format is CCYYMMDD.
28	Request Sequence Number	N	72	2	This is the sequence number from Field 3 of the 931A request record to which the employer is responding.
29	Filler	N	574	230	Spaces
30	Date Imported	N	804	8	Date the state imported the response from the

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

					Hub. Federal agencies are to send zeros in this field.
31	Time Imported	N	812	6	Time the state imported the response from the Hub. Federal agencies are to send zeros in this field.
32	Filler	A/N	818	183	Spaces.
	TOTAL RECORD			1000	

e. TC-ETA-931A Response Record View Screen.

TC-ETA 931A RESPONSE RECORD	
SSN: 000 - 00 - 9247 (1) SEQ: 01 (2) FIC: 410 (3) DEST: 0001 (4) EFF DATE 08 / 30 / 00 (5)	
NAME: FIRST: JEFF 6) MI: (7) LAST: WOOD (8)	
DATE OF SEPARATION: 00 / 00 / 0000 (9) REASON FOR SEPARATION: 7 (10)	
SEVERANCE PAY: Y (11) SEVERANCE BEG: 10/27/2000 (12) END: 01/15/ 2001 (13) AMOUNT: 013000.00 (14) DATE PAID: 12/28/2000 (15)	
ANNUAL LEAVE: N (16) ANNUAL LEAVE NUMBER OF DAYS: 000 (17) AMOUNT: 00000.00 (18) DATE PAID: 00/00/0000 (19) MONTHLY PENSION AMT: 00000.00 (20)	
EXPLANATION OF SEP: (21) _____ _____ _____ _____	
PF4=END	

25. Requesting Additional Information From a Federal Agency. The ETA-934 is used to obtain additional information or a clarification of information from a Federal agency and is available in a paper format and an electronic format. Sending the electronic or paper version of the ETA-934, is initiated by data entry through the ICON UCFE application to determine if an electronic or paper form should be generated. Additional information concerning the use of the data entry screen and record formats is contained in the ICON UCFE State Users Guide.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

(STATE AGENCY IDENTIFICATION) REQUEST FOR ADDITIONAL INFORMATION	
1. State Agency Address:	2. Federal Agency Name, 3 Digit Agency Code, and Address:
3. Local Office/Call Center ID: 4. Date of Request: 5. Effective Date: 6. Separation Date:	
7. Claimant's Name (Last, First Middle Initial)	8. Social Security Number
9. A. State Agency Statement or Questions of Federal Agency:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
9. B. Claimant's Statement:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
10. Federal Agency Response:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
11. Signature of Official _____ Title: _____ Print Name: _____ Telephone: () _____ Date ____/____/____	
ETA -934 (Revised 8/2001)	

c. Completion of Form ETA-934. The items on the Form ETA-934 are self-explanatory.

d. TC-ETA-934, Request for Additional Information. The electronic TC-ETA-934 is used when the responding Federal agency is able to provide separation information in the electronic

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

format. The field name and description indicates the information that is to be entered into each field.

(1) TC-ETA-934 Request Record Format. This request record will only be sent to Federal Agencies when the record carries a delivery indicator of "1" in Field 15.

TC-ETA-934 Request Record (State Agency Request Record Format)						
FLD	FIELD NAME	FIELD	BEGIN	FIELD	REQ	
NBR		TYPE	COLUMN	LENGTH	OPT	
	Record Key is Fields 1 through 4					
1	Social Security No.	N	1	9	R	Claimant's SSN.
2	Effective Date	N	10	8	R	The effective date of the claim. Format is CCYYMMDD.
3	Sequence Identifier	N	18	2	R	Sequence of record supplied by the sending State. Sequence will begin with 01. Each new record for the same SSN and Effective Date will be incremented by +1.
4	Type of Request	N	20	2	R	Values: 03 = 934 Request Record.
5	FIC of Responding Agency	N	22	3	R	The Federal agency's three digit identification code.
6	Destination Code of Responding Agency	N	25	4	R	The Federal agency component's four digit destination code.
7	Requesting State's Postal Code	A/N	29	2	R	The sending states two digit alpha postal abbreviation.
8	Creation Date	N	31	8	R	Date the electronic request is created. Format is CCYYMMDD.
9	Creation Time	N	39	6	R	Time the electronic request is created. Format is HHMMSS.
10	First Name	A/N	45	20	R	The claimant's first name.
11	Middle Initial	A/N	65	1	O	The claimant's middle initial.
12	Last Name	A/N	66	23	R	The claimant's last name.
13	Local Office /Call Center	A/N	89	4	R	Code identifying the Local Office or Call Center to which the claim is assigned in the Sending State. Enter Spaces if LO/Call Center ID unnecessary.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

14	Filler	A/N	93	17	R	Spaces.
15	Delivery Indicator	A/N	110	1	R	Indicator specifying the receiving Federal Agency's method of responding to requests. `1` = Electronic Wage and Separation Information. `2` = Electronic Wage Information, and Paper Separation Information. `3` = Paper Wage and Separation Information.
16	Type of Response Requested	A/N	111	1	R	Space. This field indicates how the requesting state would like to receive wages. Therefore, this field does not apply to a 934 request.
17	Date Exported	N	112	8	R	Date the request was exported. Format is CCYYMMDD.
18	Time Exported	N	120	6	R	Time the request was exported. Format is HHMMSS.
19	Response Received Indicator	A/N	126	1	O	This field will be set to `X` when the response is received from the Federal Agency.
20	Filler	A/N	127	2	R	Spaces.
21	Message 1	A/N	129	67	R	First line of message to the Federal Agency detailing the information desired.
22	Message 2	A/N	196	77	R	Second line of message to the Federal Agency detailing the information desired.
23	Message 3	A/N	273	77	R	Third line of message to the Federal Agency detailing the information desired.
24	Message 4	A/N	350	77	R	Fourth line of message to the Federal Agency detailing the information desired.
25	Message 5	A/N	427	77	R	Fifth line of message to the Federal Agency detailing the information desired.
26	Filler	A/N	504	97	R	Spaces.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

27	Agency Name	A/N	601	50	R	Name of the Federal Agency that is responsible for this claim.
28	Agency Component	A/N	651	50	R	Component of the Federal Agency that is responsible for this claim.
29	Agency Address line 1	A/N	701	50	R	First line of the Street or Postal Address for the Federal Agency.
30	Agency Address line 2	A/N	751	50	R	Second line of the Street or Postal address for the Federal Agency.
31	Agency Address line 3	A/N	801	50	R	Third line of the Street or Postal Address for the Federal Agency.
32	Agency City	A/N	851	50	R	City or Providence of the Postal Address.
33	Agency State	A/N	901	2	R	State Postal Code.
34	Agency Postal	A/N	903	13	R	Postal Code or Zip Code of the Postal Office. Format is: XXXXX-XXXX-XX.
35	Agency Country	A/N	916	26	R	Because many Federal agencies are located outside of the US, this field will contain the name of Country where the mailing address is located.
36	Filler	A/N	942		R	Space.
37	Address Change Indicator	A/N	943	1	O	X = New Address Space = No change This is dynamically marked if the State enters an address that is not in the Directory of Federal Agencies file.
38	Filler	A/N	944	7	R	Spaces.
	TOTAL RECORD			1000		

(2) TC-ETA-934 Response Record Format. This response record is used by Federal Agencies that receive TC-ETA-934, Request for Additional Information. This record will only be received from Federal agencies where the request record carried a delivery indicator of "1" in Field 15.

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAM CHANGES**

TC-ETA-934 Response Record Format (Federal Agency Response Record Format)						
FLD NBR	FIELD NAME	FIELD	BEGIN	FIELD	REQ	DESCRIPTION
	Record Key is Fields 1 through 4					
1	Social Security No.	N	1	9	R	Claimant's SSN.
2	Effective Date	N	10	8	R	The effective date of the claim. Format is CCYYMMDD.
3	Sequence Identifier	N	18	2	R	This sequence number identifies the original and subsequent responses to the request identified by sequence number in Field 28. The response numbering should be sequential beginning with 01 (up to 99) as follows: 01 = 1st response (original response to request) 02 = 2nd response (first amended response) 03 = 3rd response (second amended response) etc.)
4	Type of Response	N	20	2	R	Values: 06 = 934 Response Record.
5	Response Creation Date	N	22	8	2	Date the response was created by the Federal agency. Format is CCYYMMDD.
6	FIC	N	30	3	R	The Federal identification code of the Federal Agency sending the response.
7	Destination	N	33	4	R	The destination identification code of the Federal agency sending the response
8	Social Security No.	N	37	9	R	Claimant's SSN.
9	Effective Date	N	46	8	R	The effective date of the claim. Format is CCYYMMDD.
10	First Name	A/N	54	20	R	The claimant's first name.
11	Middle Initial	A/N	74	1	O	The claimant's middle initial.
12	Last Name	A/N	75	23	R	The claimant's last name.

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

13	Response(s) to Question(s) asked	A/N	98	640	R	Federal agency's response to question asked on 934 request. The response will be 640 characters or less.
14	Requesting State's Postal Code	N	738	2	R	Postal Code of the state that requested the information.
15	Filler	N	740	1	R	Spaces.
16	Request Sequence Number	N	741	2	R	This is the sequence number from Field 3 of the 934 request record to which the employer is responding.
17	Filler	A/N	743	61	R	Spaces.
18	Date Imported					Date the state imported the response from the Hub. Federal Agencies are to send zeros in this field.
19	Time Imported	N	812	6	R	Time the state imported the response from the Hub. Federal Agencies are to send zeros in this field.
20	Filler	A/N	818	183	R	Spaces.
	TOTAL RECORD			1000		

(3) TC-ETA-934 Response Record View Screen. Below is a copy of the ETA 934 response view screen for reference.

01/04/01	TC-ETA934 Response Record
SSN: (1) 000-36-0000 REQ SEQ: (2) 01 FIC: (3) 445 DEST: (4) 0012 EFF DT: (5) 07/02/00	
NAME: FIRST: (6) ROBERT MI: (7) C LAST: (8) WILSON	
REQUEST	
MESSAGE: (9) PLEASE PROVIDE MORE INFORMATION CONCERNING CLAIMANT'S SEPARATION	
RESPONSE MESSAGE: (10) The claimant is currently separated as a result of a warning or suspension. The Claimant has returned to work.	
PF4 = END	

26. Directory of Federal Agencies. The Directory of Federal Agencies identifies and provides a record of Federal Agencies and offices that employ civilian workers. An automated directory has been included in the ICON UCFE Support System. As a part of the UCFE application, the Directory serves two purposes. First, it will be used as a table of addresses to reduce the data entry

STATE IMPLEMENTATION GUIDE UCFE AND UCX PROGRAM CHANGES

requirements for sending mail requests for wage and separation information to Federal agencies. Second, it will be accessible for use as a directory of contact personnel.

The Directory can only be updated by the ETA National office. However, since Federal agencies often provide new addresses directly to State agencies, the Directory's address screen has been designed to allow States to data enter corrections to existing addresses and to data enter new addresses. The new/corrected address will not be written to the Directory, it will be used to mail the request being entered to the Federal agency and it will also be forwarded to the ETA National office for verification and posting to the Directory.

The Directory is arranged numerically in ascending order by Federal Identification Codes (FIC). The agencies, called components, under each FIC are arranged alphabetically. The different locations of offices for each component are arranged alphabetically by State and city. Four digit destination codes have been assigned to each address to direct the delivery of the request. Each code is critical to the writing of the correct address to the file that is created for use in addressing the forms for mailing.

The FIC and Destination Code must be data entered for each request. Attachment II of this Unemployment Insurance Program Letter is a Directory of Federal Agencies Index which provides the destination codes for each address that is currently in the Directory. When using the directory, if you do not know the destination code for an agency, enter the FIC code and destination code 0001. You will then be able to scroll through the listing to locate an address or contact person.

There are two additional codes that are used in the Directory. Below is a copy of the address view screen for easy reference. The 'delivery indicator' code, item 15, is used to direct the sending of an electronic request or a mail request or both. Code '1' means that the federal agency receives and responds to all request electronically. Code '2' means that the federal agency receives and responds to the request for wage information electronically and to the request for separation or other employment information by mail. Code '3' means that the federal agency receives requests and responds by mail only. The 'other processing' code, item 16, is used to identify and direct the requests to the other federal agency or private company that processes requests for wage and separation information for the agency listed.

a. Federal Agencies Address View Screen. Below is a copy a screen showing the federal address information that is contained in the Directory.

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAM CHANGES**

**ICON PROJECT SYSTEM
UCFE FEDERAL ADDRESS VIEW**

FIC: 002 (1) **DESTINATION:** 0001 (2)

NAME: U.S. HOUSE OF REPRESENTATIVES (3)

COMPONENT: (4)

ADDRESS 1) FINANCE OFFICE, ROOM 263 (5)

2) CANNON HOUSE OFFICE BUILDING (6)

3) (7)

CITY: WASHINGTON (8)

STATE: DC (9) **POSTAL CODE:** 20515 (10)

COUNTRY: UNITED STATES (11)

CONTACT: MERRI BALDWIN (12) **OTHER PROCESSING:** (13)

PHONE: (000) 000-0304 (14) **EXT:** 102 (15) **DELIVERY IND:** (16)

LAST UPDATED: / / (17)

PF4=CANCEL PF7=BACK PF8=FORWARD

27. Record Retention. The electronic and paper claims forms contained in these instructions shall be maintained by the State agency for 3 years after final action (including appeals or court action) on the claim and shall be transferred to State agency accountability under the conditions for the disposal of UCFE and UCX records covered in Chapter XXII of ET Handbook No. 391 (1982 edition) and Chapter I, Page I-15, of ET Handbook No. 384 (1984 edition).

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix A - UCFE - UCX Questions and Answers

1. Question. Sometimes the response record from LCCC contains information under component 2. Does this have something to do with other SSN Field?

Answer. No. When there is a second DD Form 214 on file, information from the DD Form 214 will be provided. The second DD Form 214 may be filed under the primary SSN or it may be filed under "other SSN." If the name on the DD Form 214 is different from the name on the request, the response will include message Number 35 and a warning flag in Field 66.

2. Question. What happens when the separation date on the UCX Type 1 request matches the separation date on a UCX control record?

Answer. A Type 2 response record will be sent that includes the information from the control record and a message.

5. Question. What happens when the separation date on the control record does not match the date on the request but it is greater than the base period begin date on the request record?

Answer. A response record will be sent that includes the information from the control record and the information from the DD Form 214 file if there is a match. If there is no matching DD Form 214 on file, a pending record will be created and a corresponding message number indicating this will be included in the response.

6. Question. How will the accrued leave lump sum payment be treated for calculation of UCX wages?

Answer: Accrued leave is assignable to the date of separation. Therefore, wages for lump sum payment are added to wages for the quarter in which the separation date occurred.

5. Question. When there are two control records on file, which one will be included in the response to the requesting State?

Answer. The control record with the most recent effective date of claim will be the one included in the response record.

6. Question. When a Type 1 record is identified as program Type "F", how is it possible for the State to receive a response with UCX wage and separation information with message number 31 and 35?

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix A - UCFE - UCX Questions and Answers

Answer. All Type 1 requests are matched against the DD Form 214 file and UCX information is included in the response if there is a DD 214 on file with a separation date subsequent to the beginning date of the base period of the UCFE claim. The UCX wages are assignable if they belong to the UCFE claimant. However, the requesting State has to review the record to ensure that the UCX wages are properly assigned if the UCFE claim is an interstate claim. If for example, the match produced a message that the name on the DD Form 214 is different from the name on the UCFE request, it may be an incorrect SSN on the UCFE claim or the DD Form 214. The State will need to review for proper SSN and name.

7. Question. When the SSN on the DD Form 214 matches the SSN included under "other SSN" on the Type 1 request, which SSN is to be used on the Type 2 record as the primary SSN?

Answer. The control record is created using the claimant's correct SSN as the primary identifier of the record, with the other SSN in the other SSN field.

8. Question. When a Type 1 UCX record includes a "other SSN" and there is no matching DD Form 214 on file, is a pending record created for both SSNs or just the primary one?

Answer: Only one pending record is created. It will contain both the SSN and the "other SSN" in the record.

9. Question. Are the wages added together when a Type 1 UCX record includes another SSN in "other SSN" field and there are matching DD Forms 214 on file for both SSNs?

Answer. Yes. The wages will be calculated using both DD Form 214s and provided in a single response record.

10. Question. What happens when the separation date on a Type 1 UCX record and a Type 3 Claim Control record match?

Answer. The State receives a Type 3 response with information from the Claim Control record included in Fields 5 thru 15, 18 and 19, and message # 015 "wages previously assigned." This type of response means that the wages have been assigned but should be available for transfer from the State of assignment for use on the new claim.

11. Question. What period of the individual's military service is covered by the wage assignment when the Claim Control record shows a separation date of June 12, 2001 for an individual that served 10 years of uninterrupted military service?

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix A - UCFE - UCX Questions and Answers

Answer. The entire 10 years is covered if there has been no prior benefit year established.

12. Question. What will the State receive from the LCCC if the separation date on a UCX Type 1 record and the separation date on a UCX or UCFE Claim Control record match?

Answer. The State will receive a Type 2 response with information from the Claim Control record and no information from the DD Form 214 with that separation date. The response record will show the information from the Claim Control record in Fields 5 thru 15, 18, and 19 with message # 009 "Control Record on file."

13. Question. If State A sends in a UCFE Type 2 record with a separation date of 6/15/99 and State B sends in a Type 3 record with the same separation date, will both of these records be accepted by LCCC?

Answer. Yes. These are different type control records and not considered duplicates. This situation will occur whenever a transferring State has lag period wages to assign.

14. Question. What will the State receive when it send in a UCFE Type 1 record and there is no control record on file?

Answer. The State will receive a UCFE Type 1 response record with message # 004 "No Control Record or DD 214 on file".

15. Question. How is the State agency notified when the Branch of Service code on the Type 1 request record is different from the DD Form 214?

Answer. The Branch of Service code is extracted from the DD Form 214 and included in the response record to identify the source of the wages for each quarter. If there are overlapping DD Form 214s, the Branch of Service identifier for the affected quarter will be shown as "99". In such cases, the response record will include message number 014 showing a breakout of the wages for each Branch.

16. Question. What happens when the separation date on the UCFE Type 1 record matches the separation date on a UCFE Claims Control record, but, there is a DD Form 214 on file with a separation date subsequent to the base period beginning date of the new claim?

Answer. When there is a DD Form 214 on file that has a separation date after the base period beginning date for the

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix A - UCFE - UCX Questions and Answers

new claim, wage and separation information from that DD Form 214 will be included in the response with message # 025 "Claim Control Record on file. Wages sent from subsequent DD 214."

17. Question. When a UCFE Type 1 record separation date matches the separation date on a UCX Claim Control record, what will the State receive?

Answer. If the separation date precedes the effective date of the prior claim, the State should receive a Type 2 response record that includes a copy of the Claim Control information and message # 012 "Control Record on file. Prior claim filed since separation date." This message notifies the State that the UCFE wages were assignable with the establishment of the UCX claim. If the separation date is after the effective date of the prior claim, the State should receive a Type 2 response record that includes a copy of the Claim Control information and message # 013 "Control Record on file for UCX claim."

18. Question. What happens when the separation date on a UCFE Type 1 record matches the separation date on a Type 3 Claim Control record?

Answer. The State will receive a Type 3 response record with the information from the Claim Control record included in Fields 5 thru 15 and message # 015 "wages previously assigned." Receiving this response means that the wages are probably available for use on the claim, but they will need to be transferred from the State that posted the control record.

19. Question. When the State sends a Type 2 Claim Control record to the LCCC, will the State receive a response?

Answer. Yes. The State will receive a response record "Type 2" with message # 023 "Control Record Accepted." This message number can be used to distinguish between a record receipt confirmation and a Type 2 response that includes information from a Claim Control record and is a response to a Type 1 request. The answer is the same for a Type 3 response.

20. Question. What type of response will the State receive when the separation dates on a UCX Type 1 record and a DD Form 214 on file match and there is a UCX Claim Control record on file with a different separation date?

Answer. The State will receive a Type 1 response record with information from any DD Form 214 with a service entry date greater than the separation date on the control record

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix A - UCFE - UCX Questions and Answers

when the benefit year ending date control record is less than the effective date of the new claim. The State will receive a Type 2 response record, which include information from the control record and any DD Form 214 with a entry date greater than the separation date on the control record when the benefit year ending date on the control record is greater than the effective date of the new claim.

21. Question. Will the State receive a response record when a Type 4 record is sent?
22. Answer. Yes. The processing of a Type 4 record will generate a Type 4 response which includes message # 019 "Control Record Deleted" confirming the deletion of the control record. The process is the same for a Type 5 record.

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix B - Examples of Responses from the LCCC

1. Examples of responses that States will receive from the new System.

a. Scenario. Type 1 UCX request processed and there is no DD Form 214 on file and no matching control record in new system. Pending Record created.

3/30/01	UCX/UCFE RESPONSE RECORD		Page 11
SSN: 000000000	Name: GARY	JGATHERS	OTHER SSN: 000000000
EFF. DATE:20010305	LDW UCX:20010224	LDW UCFE:00000000	
BASE PER BEG:19991001	BASE PER END:20000930	BASE YEAR END:00000000	
ENTRY DATE:00000000	NET SERVICE 1:000000	PRIOR SERVICE 1:000000	
STATE FIPS:13	TRANS FIPS-1:00	TRANS FIPS-2:00	LOCAL OFFICE:1500
BR SERVICE:01	COMPONENT:ARMY RA	CHAR SERV:	
TRANS DATE:20010307	LCCC DATE:20010307	REC CODE:1	
ACCRUED LEAVE:000.0	SEP PAY:000000.00	DISAB PEN:000000.00	PAY GRADE:
US NATL:	RETIREMENT:	MICROFILM ID: 000000000000	
DAYS LOST ST-1:00000000	DAYS LOST END-1:00000000		
DAYS LOST ST-2:00000000	DAYS LOST END-2:00000000		
DAYS LOST ST-3:00000000	DAYS LOST END-3:00000000		
DAYS LOST ST-4:00000000	DAYS LOST END-4:00000000		
Q1 DATE:00001	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q2 DATE:00002	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q3 DATE:00003	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q4 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q5 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q6 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q7 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q8 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q9 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
DAYS LOST ST-5:00000000	DAYS LOST END-5:00000000		
DAYS LOST ST-6:00000000	DAYS LOST END-6:00000000		
DAYS LOST ST-7:00000000	DAYS LOST END-7:00000000		
DAYS LOST ST-8:00000000	DAYS LOST END-8:00000000		
COMPONENT 2:		ENTRY DATE 2:00000000	
SEP DATE 2:00000000	NET SERVICE 2:000000	PRIOR SERVICE 2:000000	
ACCRUED LEAVE 2:000.0	AMENDED RESPONSE:	MICROFILM ID:000000000000	
NARRATIVE:			
WARNING FLAG:	1 ST FULL:	TYPE:X	EDIT/PROCESS:P
MSG:002 NO CONTROL RECORD OR DD 214 ON FILE. RESPONSE PENDING			
MSG:			
MSG:			

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix B - Examples of Responses from the LCCC

b. Scenario. Type 1 UCX request processed and there is a DD Form 214 on file with different separation date. There is no matching control record in new system. The response includes information from the DD Form 214 that is on file and a pending Record is created for the DD Form 214 with a separation date which matches the date on the request record.

3/30/01	UCX/UCFE RESPONSE RECORD	Page 11		
SSN: 000000000	Name: ALLISON	CARTHONS	OTHER SSN: 000000000	
EFF. DATE:20010306	LDW UCX:20010131	LDW UCFE:00000000		
BASE PER BEG:19991001	BASE PER END:20000930	BASE YEAR END:00000000		
ENTRY DATE:19810107	NET SERVICE 1:200024	PRIOR SERVICE 1:000000		
STATE FIPS:13	TRANS FIPS-1:00	TRANS FIPS-2:00	LOCAL OFFICE:5500	
BR SERVICE:01	COMPONENT:ARMY RA	CHAR SERV:HO		
TRANS DATE:20010307	LCCC DATE:20010307	REC CODE:1		
ACCRUED LEAVE:000.0	SEP PAY:000000.00	DISAB PEN:000000.00	PAY GRADE:E07	
US NATL:U	RETIREMENT:Y	MICROFILM ID:200101020984		
DAYS LOST ST-1:00000000	DAYS LOST END-1:00000000			
DAYS LOST ST-2:00000000	DAYS LOST END-2:00000000			
DAYS LOST ST-3:00000000	DAYS LOST END-3:00000000			
DAYS LOST ST-4:00000000	DAYS LOST END-4:00000000			
Q1 DATE:19994	Q1 WAGE:011171.70	Q1 WEEK:13	Q1 HOURS:720	Q1 BR SERV: 01
Q2 DATE:20001	Q1 WAGE:011171.70	Q1 WEEK:13	Q1 HOURS:720	Q1 BR SERV: 01
Q3 DATE:20002	Q1 WAGE:011171.70	Q1 WEEK:13	Q1 HOURS:720	Q1 BR SERV: 01
Q4 DATE:20003	Q1 WAGE:011171.70	Q1 WEEK:14	Q1 HOURS:720	Q1 BR SERV: 01
Q5 DATE:20004	Q1 WAGE:011171.70	Q1 WEEK:13	Q1 HOURS:720	Q1 BR SERV: 01
Q6 DATE:20011	Q1 WAGE:003723.90	Q1 WEEK:05	Q1 HOURS:240	Q1 BR SERV: 01
Q7 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
Q8 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
Q9 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
DAYS LOST ST-5:00000000	DAYS LOST END-5:00000000			
DAYS LOST ST-6:00000000	DAYS LOST END-6:00000000			
DAYS LOST ST-7:00000000	DAYS LOST END-7:00000000			
DAYS LOST ST-8:00000000	DAYS LOST END-8:00000000			
COMPONENT 2:	ENTRY DATE 2:00000000			
SEP DATE 2:00000000	NET SERVICE 2:000000	PRIOR SERVICE 2:000000		
ACCRUED LEAVE 2:000.0	AMENDED RESPONSE:	MICROFILM ID:000000000000		
NARRATIVE: SUFFICIENT SERVICE FOR RETIREMENT				
WARNING FLAG:	1 ST FULL:y	TYPE:X	EDIT/PROCESS:P	
MSG:028 REQ SEP DATE 10/16/00 DIFFERENT FROM DD214 SEP DATE. PDG RECORD CREATED.				

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix B - Examples of Responses from the LCCC

c. Scenario. UCFE Type 1 request record processed and there is no match in the new control file or the DD Form 214 file.

3/30/01	UCX/UCFE RESPONSE RECORD	Page 11
SSN: 000000000	Name: DOROTHY LJACKSON	OTHER SSN: 000000000
EFF. DATE:20010305	LDW UCX:00000000	LDW UCFE:20010224
BASE PER BEG:19991001	BASE PER END:20000930	BASE YEAR END:00000000
ENTRY DATE:00000000	NET SERVICE 1:000000	PRIOR SERVICE 1:000000
STATE FIPS:13	TRANS FIPS-1:00	TRANS FIPS-2:00 LOCAL OFFICE:3200
BR SERVICE:	COMPONENT:	CHAR SERV:
TRANS DATE:20010329	LCCC DATE:20010329	REC CODE:1
ACCRUED LEAVE:000.0	SEP PAY:000000.00	DISAB PEN:000000.00 PAY GRADE:
US NATL:	RETIREMENT:	MICROFILM ID: 000000000000
DAYS LOST ST-1:00000000	DAYS LOST END-1:00000000	
DAYS LOST ST-2:00000000	DAYS LOST END-2:00000000	
DAYS LOST ST-3:00000000	DAYS LOST END-3:00000000	
DAYS LOST ST-4:00000000	DAYS LOST END-4:00000000	
Q1 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q2 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q3 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q4 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q5 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q6 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q7 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q8 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
Q9 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00 Q1 HOURS:000 Q1 BR SERV: 00
DAYS LOST ST-5:00000000	DAYS LOST END-5:00000000	
DAYS LOST ST-6:00000000	DAYS LOST END-6:00000000	
DAYS LOST ST-7:00000000	DAYS LOST END-7:00000000	
DAYS LOST ST-8:00000000	DAYS LOST END-8:00000000	
COMPONENT 2:		ENTRY DATE 2:00000000
SEP DATE 2:00000000	NET SERVICE 2:000000	PRIOR SERVICE 2:000000
ACCRUED LEAVE 2:000.0	AMENDED RESPONSE:	MICROFILM ID:000000000000
NARRATIVE:		
WARNING FLAG:	1 ST FULL:	TYPE:X EDIT/PROCESS:P
MSG:004 NO CONTROL RECORD OR DD 214 ON FILE.		
MSG:		
MSG:		

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix B - Examples of Responses from the LCCC

d. Scenario. UCX Type 1 request processed. DD Form 214 on file with different name. Warning flag set on response record.

3/30/01	UCX/UCFE RESPONSE RECORD		Page
SSN: 000000000	Name: MARK	PURVIS	OTHER SSN: 000000000
EFF. DATE:20010328	LDW UCX:20010215	LDW UCFE:00000000	
BASE PER BEG:19991001	BASE PER END:20000930	BASE YEAR END:00000000	
ENTRY DATE:19970815	NET SERVICE 1:030600	PRIOR SERVICE 1:000207	
STATE FIPS:13	TRANS FIPS-1:00	TRANS FIPS-2:00	LOCAL OFFICE:5500
BR SERVICE:04	COMPONENT:USMCR C1	CHAR SERV:HO	
TRANS DATE:20010328	LCCC DATE:20010328	REC CODE:1	
ACCRUED LEAVE:000.0	SEP PAY:000000.00	DISAB PEN:000000.00	PAY GRADE:002
US NATL:U	RETIREMENT:N	MICROFILM ID:200102280675	
DAYS LOST ST-1:00000000 DAYS LOST END-1:00000000			
DAYS LOST ST-2:00000000 DAYS LOST END-2:00000000			
DAYS LOST ST-3:00000000 DAYS LOST END-3:00000000			
DAYS LOST ST-4:00000000 DAYS LOST END-4:00000000			
Q1 DATE:19994	Q1 WAGE:011502.00	Q1 WEEK:13	Q1 HOURS:720 Q1 BR SERV: 04
Q2 DATE:20001	Q1 WAGE:011502.00	Q1 WEEK:13	Q1 HOURS:720 Q1 BR SERV: 04
Q3 DATE:20002	Q1 WAGE:011502.00	Q1 WEEK:13	Q1 HOURS:720 Q1 BR SERV: 04
Q4 DATE:20003	Q1 WAGE:011502.00	Q1 WEEK:14	Q1 HOURS:720 Q1 BR SERV: 04
Q5 DATE:20004	Q1 WAGE:011502.00	Q1 WEEK:13	Q1 HOURS:720 Q1 BR SERV: 04
Q6 DATE:20011	Q1 WAGE:005751.00	Q1 WEEK:07	Q1 HOURS:360 Q1 BR SERV: 04
Q7 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q8 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
Q9 DATE:00000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000 Q1 BR SERV: 00
DAYS LOST ST-5:00000000 DAYS LOST END-5:00000000			
DAYS LOST ST-6:00000000 DAYS LOST END-6:00000000			
DAYS LOST ST-7:00000000 DAYS LOST END-7:00000000			
DAYS LOST ST-8:00000000 DAYS LOST END-8:00000000			
COMPONENT 2:	ENTRY DATE 2:00000000		
SEP DATE 2:00000000	NET SERVICE 2:000000	PRIOR SERVICE 2:000000	
ACCRUED LEAVE 2:000.0	AMENDED RESPONSE:	MICROFILM ID:000000000000	
NARRATIVE: SUFFICIENT SERVICE FOR RETIREMENT			
WARNING FLAG:X	1 ST FULL:U	TYPE:X	EDIT/PROCESS:P
MSG:035 NAME ON 214 REC IS CHRISTOPHER AEMERSON			
MSG:031 FIRST FULL TERM UNKNOWN. DD-14 BEING FAXED.			

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix B - Examples of Responses from the LCCC

e. Scenario. UCX Type 1 record processed. DD Form 214 with different name and separation date is on file. Pending record created. After reviewing this response record, the State will need to cancel the pending record because all of the matching problems were created by data entry errors.

3/30/01	UCX/UCFE RESPONSE RECORD	Page 11		
SSN: 000000000	Name: DEDRIC COLEMAN	OTHER SSN: 000000000		
EFF. DATE 20010325	LDW UCX: 2000802	LDW UCFE: 00000000		
BASE PER BEG: 19991001	BASE PER END: 2000930	BASE YEAR END: 00000000		
ENTRY DATE: 20010121	NET SERVICE 1: 000612	PRIOR SERVICE 1: 000000		
STATE FIPS:22	TRANS FIPS-1:00	TRANS FIPS-2:00	LOCAL OFFICE:0870	
BR SERVICE:01	COMPONENT:ARMY RA	CHAR SERV:HO		
TRANS DATE:20010328	LCCC DATE:20010328	REC CODE:1		
ACCRUED LEAVE:016.5	SEP PAY:000000.00	DISAB PEN:000000.00	PAY GRADE:E01	
US NATL:U	RETIREMENT:N	MICROFILM IDD: 200009051777		
DAYS LOST ST-1:00000000	DAYS LOST END-1:00000000			
DAYS LOST ST-2:00000000	DAYS LOST END-2:00000000			
DAYS LOST ST-3:00000000	DAYS LOST END-3:00000000			
DAYS LOST ST-4:00000000	DAYS LOST END-4:00000000			
Q1 DATE:20001	Q1 WAGE:004069.10	Q1 WEEK:10	Q1 HOURS:560	Q1 BR SERV: 01
Q2 DATE:20002	Q1 WAGE:005231.70	Q1 WEEK:13	Q1 HOURS:720	Q1 BR SERV: 01
Q3 DATE:20003	Q1 WAGE:002819.30	Q1 WEEK:06	Q1 HOURS:256	Q1 BR SERV: 01
Q4 DATE:20000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
Q5 DATE:20000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
Q6 DATE:20000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
Q7 DATE:20000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
Q8 DATE:20000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
Q9 DATE:20000	Q1 WAGE:000000.00	Q1 WEEK:00	Q1 HOURS:000	Q1 BR SERV: 00
DAYS LOST ST-5:00000000	DAYS LOST END-5:00000000			
DAYS LOST ST-6:00000000	DAYS LOST END-6:00000000			
DAYS LOST ST-7:00000000	DAYS LOST END-7:00000000			
DAYS LOST ST-8:00000000	DAYS LOST END-8:00000000			
COMPONENT 2:	ENTRY DATE 2:00000000			
SEP DATE 2:00000000	NET SERVICE 2:000000	PRIOR SERVICE 2:000000		
ACCRUED LEAVE 2:000.0	AMENDED RESPONSE:	MICROFILM ID:000000000000		
NARRATIVE: FAILURE TO MEET PROCUREMENT MEDICAL FITNESS STANDARDS				
WARNING FLAG:X	1 ST FULL:N	TYPE:X	EDIT/PROCESS:P	
MSG:028 REQ SEP DATE 08/03/00 DIFFERENT FROM DD214 SEP DATE. PDG REC CREATED				
MSG:035 NAME ON 214 REC IS DEDRICK RCOLEMAN				

**STATE IMPLEMENTATION GUIDE
UCFE AND UCX PROGRAMS' CHANGES**

Appendix B - Examples of Responses from the LCCC

2. Examples of Responses that States will receive from the "Inquiry" Control File. States sending request records using the new system and procedures will receive the following type responses from the old "Inquiry" file.

a. Situation. There is a UCX request and there is a match with a record in the "Inquiry" File.

The response will contain identifying claimant and program type information from the incoming request and the FIPS Code(s) of the State(s) that previously inquired as follows:

02/09/01	UCX/UCFE Listing of Prior Inquiries			Page 1
	By Other States			
		Effective	UCX SEP	UCFE SEP
SSN	NAME	DATE	DATE	DATE
000110000	Robert Gillham	20010209	20001115	00000000
	PGM TYPE: X	STATES WITH PRIOR INQUIRY: 51 29		

b. Situation: There are UCX OR UCFE requests from a State and there are no matches with records in the "Inquiry" File.

The response will be as follows:

02/09/01	UCX/UCFE Listing of Prior Inquiries			Page 1
	By Other States			
	NONE FOR TODAY			

Appendix C

FULL SIZE FORMS FOLLOW

(STATE AGENCY IDENTIFICATION)

REQUEST FOR WAGE AND SEPARATION INFORMATION- UCFE

1. State Agency Address:

2. Name of Federal Agency, 3 Digit Agency Code, and Address:

3. Local Office/Call Center ID: 4. Date of Request: 5. Date claim taken: 6. Effective Date of Claim:

7. Name (Last, First , Middle Initial)

8. Social Security Number

Instructions: Complete and Return Within 4 Workdays

- 9. A. Did this person perform "Federal Civilian Service" as defined for UCFE purposes for your agency at any time during the base period shown in Item 10A below?
B. Under what legal authority was the individual hired?
C. What funding Source was used for salary payments?
D. Were payroll deductions made for Federal and State taxes?
* E. Was Employee eligible for:
(1) Annual and Sick leave?
(2) Health and Life insurance?
(3) Civil Service or FERS retirement?
F. Did the Federal agency provide direction and control?
G. Duty Station: Enter State of the person's last employment with your agency (or if outside U.S., enter Country):

* NOTE: If "NO" to D, E (1) through E (3) Explain on separate attachment.

10. Are base period wages provided electronically? Yes No. If 'yes', go to item 11. If 'no', report all wages from base period begin date to separation date.

A. Base period beginning date

B. Report wages for quarters ending after date in 'A' above.

Table with 3 columns: Qtr. Ending, Year, Gross Wages. Multiple rows for reporting quarterly wages.

C. Report Hours

No. of Duty Hours Workday Basic Workweek

11. Separation, Terminal Annual Leave, and Severance Pay Information

A. Did this person receive a lump sum payment(s) for terminal annual leave on or after the beginning date of base period shown in item 10A? Yes No

If "Yes" or if currently entitled to such a payment, enter date below: Payment Date: / / Days of Leave:

Period From: Date: / / To: Date: / /

B. Date of Separation / /

C. Last day of active pay status / /

D. Reason for separation or nonpay status:

E. Did this person receive or is he/she entitled to receive severance pay provided by Federal law or agency employee agreement? Yes No

If "Yes" complete the following information:

Total Entitlement: \$ Weekly entitlement: \$ Beginning date: / / Ending Date: / /

Print Name

Signature

Title

Telephone Number () Date / /

Important Notice

If a completed Form ETA-931 is not received by the 12th calendar day from the 'date of request,' this agency may pay benefits to the claimant based on his/her affidavit as provided by Department of Labor's Regulation at 20 CFR 609.6(e)(2). Any benefit payments made to the claimant will be charged to the Federal employing agency(ies) in accordance with Section 1023, PL 96-499, Omnibus Reconciliation Act of 1980(94 Stat. 2599).

COMPLETION INSTRUCTIONS TO FEDERAL AGENCY

(Also see Front of this Form)

As an alternative to completing this form, attaching a computer printout containing complete data of the data requested is acceptable if procedures and forms are cleared with the U.S. Department of Labor, Washington, DC 20210, and the State agency has completed items 1-7 and 10A and 10B, which identify the base period and the applicable calendar quarters for which information is requested.

Item 9A asks if the individual performed "Federal Civilian Service." If the Federal agency response is "No," Items 9B through 9F are to be completed. Item 9G will be answered when the individual performed "Federal Civilian Service."

The information is available on the SF-50 or payroll records. Provide a separate attachment if necessary.

Item 10B and 9C. Enter either gross wages, when paid, in Federal Civilian Service or "none" if no wages for that period. Do not include as wages: (1) severance pay, (2) lump sum payment(s) for terminal annual leave, or (3) any other type of separation payment. Enter hours, such as 8 and 40 for full-time employee.

Item 11A. Self-explanatory.

Items 11B and 11C. Enter dates requested. The date in Item 11C includes annual and sick leave days if earlier than the date of separation (11B) or if employee is not separated.

Item 11D. Obtain agency findings from SF 50: Item 5-B "Nature of Action" and Item 45, "Remarks", or if SF-50 not used, record equivalent information from other separation document(s) your agency used. See Federal Personnel Manual (FPM) supplement 296-33 for standards on work connected "Resignation" cases, carefully review FPM requirements applicable since January 1, 1982. If payroll office records are incomplete or inadequate, or if information on SF-50 is not sufficient, check with personnel for additional information and add as part of separation information. ATTACH COPIES OF DOCUMENTS IF APPROPRIATE.

Item 11E. Self-explanatory.

Signature of Official. Form is not complete unless it (or attached computer printout) is signed and dated; also enter signer's title and telephone number.

ETA 931 (Revised 8/2001)

(STATE AGENCY IDENTIFICATION)

REQUEST FOR SEPARATION INFORMATION - ADDITIONAL CLAIM

1. State Agency Address:	2. Federal Agency Name, 3 Digit Agency Code, and Address:
3. Local Office/Call Center:	4. Date of Request: 5. Effective Date:
6. Claimant's Name (Last, First, Middle Initial)	7. Social Security Number

Federal Agency Response - Complete and Return Within 4 Workdays

8. Separation, Terminal Annual Leave and Severance Pay Information:

A. Date of Separation: ___/___/___ I. Last day of active pay status: ___/___/___

B. Reason for separation or non-pay status: _____

C. Did this person receive a lump sum payment(s) for terminal annual leave on or after the beginning date of the base period shown? ___Yes ___No. If "Yes", or if currently entitled to such a payment, record date(s) below for each payment(s):

Payment Date: ___/___/___ Days of Leave: ___ Period from: ___/___/___ To: ___/___/___

D. Did person receive or is he/she entitled to receive severance pay provided by Federal law or agency employee agreement? ___Yes ___ No. If "Yes", complete the following information:

Total Entitlement: \$ _____ Weekly entitlement \$ _____

Beginning Date: ___/___/___ Ending Date ___/___/___

9. Signature of Official _____ Title: _____

Print Name: _____ Telephone: () _____ Date ___/___/___

(STATE AGENCY IDENTIFICATION)

CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE,
WAGES AND REASON FOR SEPARATION

1. State Agency Address:

2. Claimant's Name and mailing Address

3. LO/Call Center ID: 4. Date of Request: 5. Eff. Date of Claim: 6. Separation Date

7. Federal Agency Name & Address:

8. Social Security Number

Instructions: Complete and Return Immediately

9. Affidavit of Federal Wage and Separation Information/Documentary Evidence

a. Enter the location of your Official Duty Station: (City, State)

b. Enter your wages with the above named employer below. Show wages by quarter starting with the wages that you earned after (base period begin date) up to the date you separated from this employer. Under Documentary Evidence, enter the source of the information provided and attach a copy. If additional space is needed to explain reason for separation, attach your signed explanation.

Quarter Ending	Year	Gross Wages	Documentary Evidence

c. Severance Pay. Did you receive or are you entitled to receive severance pay provided by Federal law or agency employee agreement? Yes No If "Yes" complete the following information: Total Entitlement: \$ _____. Severance Pay Period Beginning date: __/__/__ Ending Date __/__/__

d. Pension: Are you entitled to receive a pension from any branch of the Federal Government? Yes No. Enter Gross Monthly Pension \$ _____

e. Reason for Separation:

I, the claimant, understand that penalties are provided by law for an individual making false statements to obtain benefits and that determinations based on an affidavit are not final: that determinations are subject to correction upon receipt of wage and separation information from the Federal agency, that benefit payments made as a result of such determination may have to be adjusted on the basis of information from the Federal agency, and that any amount overpaid will have to be repaid or offset against future benefits. I, the claimant, swear or affirm, that the above statements, to the best of my knowledge, are true and correct.

10. Signature of Claimant _____ Date __/__/____

