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USD(P&R)

SUBJECT: DoD Civilian Personnel Management System: Unemployment Compensation (UC)

References: See Enclosure 1

## 1. PURPOSE

a. Instruction. This Instruction is composed of several Volumes, each containing its own purpose. The purpose of the overall Instruction is to establish and implement policy, establish procedures, provide guidelines and model programs, delegate authority, and assign responsibilities regarding civilian personnel management within the Department of Defense.

b. Volume. This Volume of this Instruction implements DoD policy and procedures, delegates authority, and assigns responsibility for implementing the DoD Unemployment Compensation for Federal Employees' (UCFE) Program pursuant to chapter 85 of title 5, United States Code (Reference (a)), which provides UC benefits to civilian employees of the Federal Government who are separated from their positions through no fault of their own.

2. POLICY. It is DoD policy pursuant to DoD Directive 1400.25 (Reference (b)) to issue uniform civilian personnel policies, procedures, and guidance for the administration of the DoD UCFE Program.

3. DEFINITIONS. See Glossary.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. UNLIMITED. This Volume is approved for public release and is available on the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This Volume is effective immediately.

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ENCLOSURE 1

REFERENCES

- (a) Chapter 85 of title 5, United States Code
- (b) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
- (c) Volumes 2 and 12 of DoD 7000.14-R, "Department of Defense Financial Management Regulation," October and December 2008
- (d) Part 609 of title 20, Code of Federal Regulations
- (e) Department of Labor Handbook, "Unemployment Compensation for Federal Employees Instructions for Federal Agencies," March 1995
- (f) Civilian Personnel Management Service Guide, "Injury Compensation Unemployment Compensation System User Guide," August 1996
- (g) Decision number 35 of volume 241 of the Decisions of the Comptroller General, 1955
- (h) Decision number 63 of volume 99 of the Decisions of the Comptroller General, 1983
- (i) Decision number 865 of volume 65 of the Decisions of the Comptroller General, 1986

ENCLOSURE 2

RESPONSIBILITIES

1. CIVILIAN PERSONNEL MANAGEMENT SERVICE (CPMS). The administration of the DoD UCFE Program is carried out by the Injury and Unemployment Compensation (ICUC) Division of CPMS. The central mission of the ICUC Division is to improve UCFE claims management at the agency level. That is accomplished by auditing the State itemized listings of UC charges, identifying erroneous charges and requesting credits from the State Employment Security Agencies (SESAs), and tracking the charges to ensure that credits are received from the appropriate State jurisdictions.
  
2. DoD COMPONENTS. The DoD Components are responsible for budgeting for quarterly UCFE charges and for providing payment for the UCFE charges to the Defense Finance and Accounting Service (DFAS), thereby allowing DFAS to reimburse the Department of Labor (DOL) for the amounts owed in accordance with chapter 3 of volume 2 and chapter 25 of volume 12 of DoD 7000.14-R (Reference (c)). The DoD Components are responsible for local (installation) level administration and management of the UCFE Program.
  
3. CIVILIAN PERSONNEL OFFICES AND HUMAN RESOURCE OFFICES (CPOs/HROs). The UCFE Program involves access to and utilization of civilian personnel data that is covered under the Privacy Act of 1974. Therefore, CPOs/ HROs are responsible for processing and maintaining the various UCFE claims forms as described in paragraphs 2 and 10 of Enclosure 3. Those forms include but are not limited to the Employment Security (ES) Form 931 (ES-931), "Request for Wage and Separation Information." CPOs/HROs are responsible for providing additional information as required by paragraphs 3 and 4 of Enclosure 3. Additionally, CPOs/HROs are responsible for initiating appeals of unwarranted claims and attending the UC appeals hearings as described in paragraphs 5 through 8 of Enclosure 3. CPOs/HROs are also responsible for providing base level guidance to staff about the UCFE Program.
  
4. DFAS. DFAS is responsible for facilitating the consolidation of the UC payments from the DoD Components for the quarterly UC charges and for issuing a consolidated payment to DOL through the UCFE fund for the total UC charge for each quarter in accordance with chapter 25 of volume 12 of Reference (c).

ENCLOSURE 3

PROCEDURES

1. PROGRAM ADMINISTRATION

a. Statutory and Regulatory Controls. Chapter 85 of Reference (a) established a permanent UCFE Program and it gave the authority of interpreting UCFE law to the Secretary of Labor. The Secretary of Labor is responsible for providing regulations to implement the UCFE Program. The Secretary's regulations are in part 609 of title 20, Code of Federal Regulations (Reference (d)). Those regulations are further clarified in DOL Handbook (Reference (e)).

b. State Administration

(1) Agreements with DOL. DOL has entered into agreements with all of the States and jurisdictions including the District of Columbia, Puerto Rico, and the Virgin Islands. The agreements provide for the States to administer the UC programs and allow SESAs to determine and pay UC claims, review appeals, and conduct due process hearings based on the applicable State UC law. The applicable State for a Federal employee generally is the State of the employee's last official duty station prior to filing a claim. Exceptions to this are noted in part 609.8 of Reference (d). SESAs are required to provide UC benefits to former Federal employees in the same amount and under the same terms and conditions as non-Federal employees. However, State UC laws are not uniform and therefore there are considerable variations in eligibility requirements.

(2) Overseas Employment. DOL does not have agreements with any other countries concerning the administration of UC benefits. Therefore, to be eligible for UC benefits, individuals employed overseas must return to one of the 53 state jurisdictions to submit a claim. This includes individuals who performed Federal civilian service in Guam and American Samoa.

c. Federal Agency Responsibilities. Parts 609.20 through 609.26 of Reference (d) describe the responsibilities of Federal agencies as they relate to the UCFE Program.

2. UCFE CLAIMS FORMS. SESAs generate many different UC claims-related forms. However, this section addresses only the two primary claims forms, ES-931 and Standard Form (SF) 8 (SF-8), "Notice to Federal Employee About Unemployment Insurance." The additional UCFE claims-related forms are discussed in paragraph 10 of this enclosure.

a. SF-8

(1) Description and Purpose. The SF-8 must be issued by personnel specialists to employees when separated. (See sample at Figure 1.) The SF-8 informs employees of their right to file a claim for UC benefits; explains the basic eligibility requirements of the UC program; provides general information about how, where, and when to file an UC claim; and describes the

information the employee shall need to file a claim for UC benefits. The SF-8 provides a space for the personnel specialist to indicate the Federal Identification Code (FIC) that informs the SESA which DoD Component should be charged for the UC benefits. The SF-8 also provides a space for the personnel specialist to insert the address where the UC claims forms should be sent, and a name and telephone number of a contact person that can provide separation information to the SESA, if requested.

(2) Requirements. The requirements for issuing the SF-8 are in part 609.20 of Reference (d) and section 1 of chapter V of (Reference (e)). Federal agencies are required to furnish information to their employees as to their rights and responsibilities under the UCFE Program. To satisfy that requirement, personnel specialists must issue an SF-8 to any employee who is separated, who is or who shall be placed in nonpay status for 7 or more consecutive days, or who is transferred from one payroll office to another. This requirement pertains only to those employees who are physically transferred from one payroll office to another. It does not pertain to situations where only the employee's records are transferred to another payroll office.

(a) The SF-8 should be issued by the personnel specialist whether or not the separation or nonduty status is voluntary or involuntary in nature. The SF-8 should be issued by the personnel specialist before or at the time of separation. The issuance of the SF-8 should not be delayed until the SF-50, "Notice of Personnel Action," is issued. Those requirements pertain to employees who are stationed overseas as civilian employees and to nonappropriated fund activity employees whether they perform work in or outside the United States.

(b) Additionally, the personnel specialist must ensure that the purpose of the SF-8 is explained to employees before separation, preferably during out-processing. It is important that the personnel specialist stress to the employees the need to bring the SF-8 with them to the local unemployment office when they file a claim for UC benefits. If the employees do not bring the SF-8 with them when they file a claim for UC benefits, their initial UC payment may be delayed.

(c) Personnel specialists should issue an SF-8 to intermittent employees and employees who work on call the first time in each calendar year that they are placed in nonpay status. Personnel specialists should issue an SF-8 to part-time and temporary employees on the last day of work when the appointment expires, or when the first instance of nonpay status occurs.

(d) Personnel specialists are required to provide each newly-hired or rehired employee with a statement informing the employee it is his or her responsibility to notify the local unemployment office to discontinue paying UC benefits when the individual has returned to work. That statement is included on the SF-8.

(3) Completion. The SF-8 should be completed by the UC program administrator in the CPO/HRO.

(a) FIC. The program administrator must provide the three-digit FIC in the space indicated on the SF-8. It is important that the program administrator provide the FIC for the most recent activity for whom the employee worked (the owning agency) and not the FIC of the

servicing personnel office, unless they are the same. The FIC for the Department of the Army is 422; the FIC for the Department of the Navy is 423; and the FIC for the Department of the Air Force is 424. The FIC for the Department of Defense is 421, excluding employees who work for the Army, the Navy, and the Air Force. Those FIC numbers apply to civilian employees of appropriated fund activities only. The FICs for nonappropriated fund activities (NAFA) are 425 for Department of the Army NAFA; 427 for Department of the Air Force NAFA; 429 for the Army and Air Force Exchange Service; 807 for the Navy Exchange Service; 808 for the Navy Club and Recreation System; and 809 for the U.S. Marine Corps, Morale, Welfare, and Recreation.

(b) Address Block. Two pieces of information are required in that block. First, the program administrator should indicate the complete name of the owning agency. Then the program administrator should indicate the name and mailing address of the servicing personnel office (the CPO/HRO). It is important for the program administrator to annotate which is the “owning agency” and which is the “servicing personnel office” since the UC claim should be charged by the SESA to the owning agency. Additionally, the program administrator should not use any acronyms in the name or address. Instead, all words should be spelled out. The SESA shall send the UC claim forms to the address specified to be processed.

(c) Contact Person. The program administrator should indicate the name and phone number of a contact person in the appropriate block. The contact person should be able to provide additional information about the employee’s separation if requested by the SESA. The complete commercial phone number, including the area code, must be provided rather than the Defense Switched Network number. If the phone number is for an international number, the program administrator should indicate so on the SF-8. All of the codes necessary for the international number should be provided by the program administrator.

(d) Base Closures. If a base has or shall be closed, the DoD Component must determine which CPO/HRO shall be responsible for processing the UC claims related forms. Therefore, the program administrator must indicate the address for the designated CPO/HRO in the address block of the SF-8. Additionally, the designated CPO/HRO must have access to pay and separation information.

b. Form ES-931

(1) Description and Purpose. The ES-931 is sent by the SESA to the Federal agency to request wage and separation information for a former Federal employee. (See samples at Figures 2 through 5.) The ES-931 is generated by the SESA when a former Federal employee establishes an initial claim for UCFE benefits.

(a) The ES-931 is used to obtain wage information for specific quarters. Most SESAs request 6 quarters worth of wages. Four of the quarters comprise the base period. The base period wages are used by the SESA to determine the UC benefit amount for an individual. Most SESAs (47 out of 53) use a base period that is composed of the first 4 of the last 5 completed calendar quarters. For example, for a UC claim that is filed in January 1997, the most recent completed calendar quarter would be the quarter ending December 31, 1996. The 4

quarters before that would be the quarters ending December 31, 1995; March 31, 1996; June 30, 1996; and September 30, 1996. Therefore, for that example, the base period would be from October 1, 1995, through September 30, 1996. The lag quarter wages, which are the 2 quarters following the base period, would be the quarters ending December 31, 1996, and March 31, 1997. SESAs keep the lag quarters of wages on file in case a subsequent UC claim is filed.

(b) Once the ES-931 is completed and returned by the program administrator, the SESA shall determine the claimant's weekly UC benefit amount and maximum UC benefit amount. Each of the SESAs has a different formula that is used to determine the weekly benefit amount. Many of the SESAs stipulate that an individual must have a minimum amount of wages during one or more of the quarters of the base period to meet the minimum wage eligibility requirement. The amount of wages in the base period also determines the number of weeks the claimant shall be eligible to receive UC benefits (known as the duration). The maximum number of weeks for most of the SESAs is 26 weeks. The maximum benefit amount is the weekly benefit amount times the duration. For example, a weekly benefit amount of \$230 times a duration of 26 weeks is equal to a maximum UC benefit amount of \$5,980.

1. Local Office, Claim, and Identifying Information. The ES-931 generally consists of the local office information, claim information, and three main sections. However, the SESAs are not required to have a uniform format so the formats vary from State-to-State. The local office information generally contains the name or location number of the local office, and the name and telephone number of a local office contact person. The claim information generally consists of the date the new claim was filed (which is also the effective date of the claim) and the date the claim was requested.

2. Section I. Section I of the ES-931 consists of identification data such as the employee's name, social security number, date of birth, position title, and the place of employment. That section indicates if the employee was a full or part-time employee, whether the Federal agency address is based on the SF-8, and whether or not the employee received an SF-8.

3. Section II. Section II of the ES-931 is the Federal agency reply that requests information such as whether the employee performed Federal Civilian Service, the duty station of the employee, the quarterly wages earned by the employee, and the duty hours. That section includes information about terminal annual leave payments, severance payments, and separation information including the last date worked, the last day of active pay, and the reason for separation. That section also includes the name, title, and phone number of the agency representative who completed the ES-931.

4. Section III. Section III of the ES-931 is completed by the SESA and contains the FIC number for the agency and the address to which the ES-931 is sent. In most instances that information is obtained by the SESA from the information on the SF-8. However, not all SESAs require that an individual submit a SF-8 when an UC claim is filed.

(2) Requirements. The requirements for the form ES-931 are in part 609.21-22 of Reference (d) and sections 1-3 of chapter VI of Reference (e).

(a) The UC program administrator is required to return any requests for Federal findings received from a SESA in 4 workdays of receipt. That applies to the form ES-931 as well as to most other UC claims-related forms sent by SESAs. Two signed copies of the ES-931 should be returned to the SESA. If the 4-day time limit cannot be met, the SESA should be notified of the delay and the date that the form shall be returned.

(b) Additionally, the program administrator is required to maintain a control log of all the UC forms received by SESAs including the ES-931. The log should include the date the forms are received, the date the forms are returned to the SESA, and the forms that have not been returned in the 4-day period. A copy of the completed ES-931, as well as any other correspondence or forms from the SESA, should be retained for a period of 1 year from the date that form was certified. If an error is discovered within 1 year of the date an ES-931 was sent, action should be taken to correct the error by sending an amended ES-931 to the SESA.

(3) Completion. The program administrator should complete section II of the ES-931. The program administrator can complete the ES-931 either manually or by using the ICUC automated support system. The ICUC system consists of a centralized database of key personnel and payroll data. The UC module of the system allows activities to obtain information about quarterly wages, lump-sum annual leave payment, severance pay, and separation information for a particular individual. The UC module also contains a screen that allows the user to print an automated response to the ES-931. The directions for creating and printing a response to the ES-931 are specified in sections 4.3. through 4.3.3. of CPMS Guide (Reference (f)). If the wages or separation information are not available in the ICUC system, then the program administrator must obtain and enter the information manually before printing and returning the automated ES-931 response. When possible, the automated system should be used to respond to the ES-931. The ICUC system should be helpful in ensuring that the ES-931 response is completed in the 4-day time limit. Additionally, if an ES-931 is created on the ICUC system, an electronic log of the date the ES-931 was received and the date it was returned shall be maintained. That shall eliminate the need for a manual log to be maintained.

(a) Part 1 of Section II. The program administrator should verify the social security number and employee name. If either item is incorrect, the program administrator should provide the correct information. The first response the Federal agency must provide is in part 1 of section II, question (a), of the ES-931. This question asks: "Did this person perform Federal civilian service for your agency at any time during or after the base period?" The definition of Federal service is indicated in section 1.(a) of chapter III of Reference (e). If the program administrator answers "no" to that question, then an explanation must be given. The explanation must provide information as to why the employment is not considered Federal civilian service. For example, if the individual cannot be verified as an employee, or if the individual performed work as a contractor, not as an employee.

1. The SESA shall review the information provided by the Federal agency to determine if the employment was considered Federal civilian service for UC purposes. Therefore, the response must be as detailed as possible. If possible, information that should also be provided by the program administrator in the response is:

- a. The legal authority the individual was hired under.
- b. The funding source used to pay the salary.
- c. Whether payroll deductions were made for Federal and State taxes.
- d. Whether or not the employee was eligible for annual or sick leave, health or life insurance, and civil service or other Federal retirement.

2. The duty station should also be indicated. (Only the State or country is needed.) That should correspond to the duty station specified on the SF-50.

(b) Part 2 of Section II. Part 2 of Section 2 of the ES-931 requests the base period and lag quarters Federal wages.

1. Federal Wages. “Federal wages” is defined as all remuneration for Federal service including cash allowances and remuneration in any medium other than cash.

a. The latter term “remuneration in any medium other than cash” refers to that which the agency places a cash value on which is furnished to the worker in reporting his or her gross wages for Federal income tax purposes.

b. “Remuneration” includes all payments for sick and annual leave. It includes lump-sum payments for terminal annual leave, which are reported separately on the ES-931.

2. DOL Interpretations of Federal Wages. DOL has made these interpretations of Federal wages.

a. Cost of living differentials such as those paid at various foreign posts and cash allowance for quarters and subsistence are Federal wages. Exemption of such a differential or allowance from Federal income tax does not exclude it from Federal wages required to be reported for purposes of the UCFE Program.

b. Back-pay awards constitute wages in the period for which they are paid. Consequently, the payroll specialist must allocate the amount of the reward to the calendar quarter or weeks for which it was paid, rather than report it as a lump-sum when paid.

c. Federal agencies employing civil service annuitants pay remuneration in an amount equal to the difference between the salary rate of the position and the amount of annuity received. The Office of Personnel Management (OPM) continues to pay the annuity. Only the amount paid by the Federal agency is Federal wages. The annuity paid by OPM is not Federal wages for UCFE purposes.

3. Remuneration that is not Federal Wages. Reimbursed expenditures for official business such as taxi fares, other transportation costs, per diem in lieu of subsistence, and mileage are not Federal wages for UCFE purposes.

4. Reporting Federal Wages

a. According to the section 3.(c) of chapter VI of Reference (e), Federal agencies must report the wages paid during the period requested by the SESA. The payroll specialist should NOT adjust the wages to include the total wages earned in the quarter but not paid for the days remaining between the payroll cutoff date and the ending date of the calendar quarter or period. Part 2 of section II of the ES-931 also requests the duty hours by workday and workweek and in some cases, the hourly rate of pay.

b. The retroactive portion of the increase in rate of compensation provided by Congress is to be allocated by the payroll specialist to the pay period in which it is paid. If the requesting State's base period begins or ends during the pay period in which that payment was made, the entire payment should be allocated by the payroll specialist to the second week of the pay period.

(c) Part 3 of Section II

1. Terminal Annual Leave Payments. In part 3.(a) of section II of the ES-931 the terminal annual leave payments should be indicated including the amount of the payment, the number of days and number of hours paid, and the period the terminal annual leave covers.

2. Reason for Separation. In parts 3.(b) to 3.(e) of section II, the date of separation, last date of active pay, and reason for separation information should be indicated.

a. It is important that the information supplied by the program administrator to the SESA concerning the reason for separation or nonpay status be clearly stated in sufficient detail to permit the SESA to make an accurate determination of benefit entitlement. The information needed by the SESA of the reason for termination or nonpay status can be found on the SF-50 or equivalent document in the section "Nature of Action and Remarks."

b. If the employee was not separated but instead was placed in a nonduty, nonpay status subject to recall to work, the program administrator should record the specific reason for such status, such as "Laid off, lack of work," along with the date the layoff occurred. If available, the program administrator should include the date the employee is expected to return to work.

3. Severance Pay. Any severance payments should be indicated by the program administrator in part 3.(e) of section II. That should include the weekly amount of the payment, the total entitlement, the number of weeks paid, and the beginning and ending dates of the payment. It is important for the program administrator to provide the severance and terminal annual leave information since some SESAs deduct these payments from UC benefits.

(d) Certification. The program administrator who completes the ES-931 must sign and date that form. By signing that form the program administrator is certifying that the information is correct and complete. The certifying official must also include his or her title and telephone number in case the SESA representative needs additional information.

3. OTHER REQUESTS FOR INFORMATION. The SESAs may submit other requests for information, as necessary. Such requests may be made on a SESA form or by letter. As these requests will vary significantly from State to State, the directions on the request should be followed. Examples of the different types of requests for information that may be received from SESAs are:

a. Partial Unemployment. Generally SESAs provide for the payment of partial UC benefits for employees who are working less than full-time and earning wages less than a specified amount. In those cases, the SESA shall request verification of the number of hours worked and the wages earned by the employee in particular weeks.

b. Requalification for UC Benefits after a Disqualification. In some situations, employees are disqualified for a specific number of weeks or until a certain amount of wages has been earned. SESAs may then request information about the number of weeks worked and the amount of wages earned to determine if the employee has satisfied the requalification requirement.

c. Benefit Payment Control (BPC)

(1) Description and Purpose. SESAs may request employment and wage information during a specific period as a way to audit the UC charges. The audit is conducted under the BPC Program to ensure that UC benefits were properly paid. Additionally, SESAs may request verification of wages if there is reason to believe the employee was claiming UC benefits while employed. If an employee is found to have deliberately falsified wage information to obtain UC benefits, he or she can be held ineligible to receive further benefits. The request shall be submitted on a form similar to the sample at Figure 6. That form is not standardized and shall be different from State-to-State. That form should be reviewed carefully and completed as accurately as possible.

(2) Completion. The sample at Figure 6 requests whether the employee performed work during particular week(s). That form should be completed by the UC program administrator. If the employee performed work, the program administrator must indicate the work dates on that form as well as the gross wages earned during the week(s) specified. Additionally, the program administrator should indicate any other payments that were made during the week, such as vacation or retirement pay. That form may also request verification of employment information such as the first and last date worked and the reason for separation. The program administrator who completes that form must sign and date the form and return it to the SESA in accordance with the instructions on the form.

d. Quality Control (QC) Program. Besides the BPC Program, SESAs also conduct random samples of UC payments. The random samples are conducted under the QC Program of the SESA. The sampling procedures are designed to produce samples that represent all of the UC claims paid by the SESA. Each of the samples represents 1 paid week of UC benefits. That week is known as the “key week.”

(1) Description and Purpose. The sample at Figure 7 verifies whether the wages used to establish monetary eligibility for a particular UC claim were accurately reported by the Federal agency and accurately recorded by the SESA. The QC audit also verifies if the employment information was reported accurately.

(2) Completion. The QC form consists of three main sections; however, the format of that form shall vary from State-to-State. The first section is completed by the SESA and contains identifying information for the employee including the employee’s name and social security number. That section also includes the name and address of the Federal agency. The second and third sections of that form should be completed by the program administrator. The second section requests employment information for the individual. The third section requests payroll information for the base period. The program administrator should provide the gross wages for each quarter specified. The program administrator who completes that form must sign and date that form. By signing that form, the program administrator is certifying that the information is true and correct to the best of his or her knowledge.

e. Additional Wages to Qualify for a Second Benefit Year. A SESA may request wage information to determine if an employee has performed subsequent employment and earned wages before a consecutive benefit year can be established. The purpose of that is to ensure that individuals do not qualify for successive UC claims based on the same period of employment.

#### 4. REQUIRED NOTICES FOR FEDERAL AGENCIES

a. Security Cases. According to the section 8.(a) of chapter VI of Reference (e), the UC program administrator should notify the applicable SESA of any employee who has filed a claim for UC benefits and was separated as a result of a recommendation by OPM due to a security violation or an unsatisfactory background investigation. The program administrator should also provide a copy of the separation letter to the SESA.

##### a. Back-Pay Awards

(1) Federal Agency Responsibility. According to reference (e), when a back-pay award is made, the program administrator should verify whether the individual has filed a claim for UC benefits in the last 52 weeks. If the program administrator determines the individual has filed a UC claim, the applicable SESA must be notified of the individual’s name, social security number, amount of the back-pay award, and the period covered by the award. If an ES-931 claim form is received for an individual who has previously received a back-pay award, the program administrator should include the amount of the back-pay award with the wages that are reported to the SESA on the ES-931.

(2) SESA Determinations. Once the SESA is informed of a back-pay award, the SESA shall review the claim and determine what affect, if any, the back-pay award shall have on the base period wages. If part or all of the back-pay award falls in the base period of the UC claim, the SESA may request a corrected report of wages including the back-pay award. The SESA shall then reissue a determination indicating the amount of UC benefits the employee is eligible to receive. The SESA shall also determine if the back-pay award covered any period for which the employee claimed or was paid UC benefits. If the SESA determines the back-pay award did cover such a period, then the employee may have been overpaid UC benefits. The overpayment shall be handled by the SESA in accordance with its UC law. Back-pay awards are handled in two different ways.

(a) In the first situation the SESA may require the employee to repay the UC benefits received during the period of unjustified removal. Therefore, the amount of UC benefits paid during the period covered by the back-pay award should not be deducted by the employing unit from the back-pay award according to decision number 35 of volume 241, reaffirmed by decision number 99 of volume 63, of the Decisions of the Comptroller General (DCG) (References (g) and (h)). Instead, the SESA shall set up the overpayment on the employee's UC claim. The SESA shall then require the employee to pay the overpayment back. Once the overpayment amount is recovered from the employee, the SESA shall credit the Federal agency's Federal Employee's Compensation (FEC) account. It may take several quarters before the credit is completely received by the Federal agency since it shall depend on when the employee repays the amount.

(b) The second situation requires the employer (including Federal agencies) to reimburse the State for overpaid UC benefits. In that case, the payroll specialist should deduct the amount paid in UC benefits from the back-pay award according to decision number 865 of volume 65 of the DCG (Reference (i)). The program administrator is still responsible for providing the SESA with the information on the amount and period of the back-pay award. The SESA shall then provide the Federal agency with information on the amount and time period the UC benefits were paid to the employee. Once the payroll technician recovers the overpaid amount, the recovered amount should be sent through DFAS to the FEC account of the Department of the Treasury (DOT) to obtain a credit from the SESA. The credit shall be reflected in the agency's FEC account in a future quarter. Figure 8 shows how each State handles overpayments due to back-pay awards under its law. The program administrator should consult that chart before any action is taken on a back-pay award.

c. Terminal Leave Payments to Employees Terminating Nonpay Status. The UC program administrator must determine if an employee who is in nonpay status or who is employed less than full-time, such as an intermittent employee, and who terminates his or her employment and is paid terminal annual leave has filed a claim for UC benefits. If so, the program administrator should take action to notify the applicable SESA of the employee's name, social security number, the amount of the terminal leave paid, the date on which the payment was made, the number of days and hours that were paid, and the hourly rate of pay used in computing the payments. Once that is received, the SESA may request the Federal agency to correct the wages on the ES-931.

d. Refusal of Employment Offer

(1) Offer or Referral of Work. If an employee who has filed a claim for UC benefits refuses an offer or referral of suitable work, the program administrator must notify the applicable SESA. The refusal must pertain to a specific offer for a specific position that was “successfully conveyed” to the employee. That notice of refusal must include the employee’s name, social security number, and specific information about the offer of work. If possible, the program administrator should provide the SESA with a written copy of the offer and the refusal. The notice should include the job duties of the position, the hourly salary, the hours of work, and the reason the employee gave for refusing the work. The program administrator should also provide information to the SESA about the type of job, salary, and duty hours for the position the employee previously held. If an employee refuses an offer or referral of work but has not filed a claim for UC benefits, then the program administrator should retain the refusal information and return it with the ES-931 if the employee files a claim for UC benefits.

(2) Suitable Work. The SESA will determine whether the work offered or referred was suitable. To determine whether a job was suitable for the employee, the SESA compares the working standards of the job to State and Federal standards and to the prevailing standards for the job in the local labor market. The SESA also reviews the experience and training of the employee. The SESA shall not find a job suitable if the wages, hours, or other conditions of employment are substantially less favorable than the prevailing conditions in the local labor market. The job shall also be found not suitable if the position offered was vacant due to a strike, lockout, or other labor dispute or if, as a condition of employment, the individual must resign from or join a union or refrain from joining a union or other recognized labor organization.

(3) Good Cause for Refusing. If the SESA determines the job offer or referral was suitable, the SESA must then determine if the individual had good cause to refuse the work. The SESA shall take into consideration the reason the individual refused the offer, such as problems with the wages, hours, or location of the job. The SESA shall also consider the employee’s length of unemployment and the availability of other work in the labor market.

e. Final Settlement of an Appealed Personnel Action. When the final decision has been received on the appeal of a personnel action, the program administrator should send a copy to the appropriate SESA only if the decision changes the separation information reported by the agency on the ES-931 or ES-931A, “Request for Separation Information for Additional UCFE Claim.”

f. Information on Claims Filed Pursuant to the Federal Employees’ Compensation Act. Some SESAs disqualify individuals from receiving UC benefits if they are also receiving worker’s compensation benefits. Other SESAs deduct the amount of the worker’s compensation payment from the UC benefit amount. Therefore, the SESA should be notified if an employee has filed a claim for UC benefits besides filing a claim for worker’s compensation benefits (also known as injury compensation). That information should be provided by the program administrator in the “Reason for Separation” section of the ES-931 or ES-931A. If the

ES-931 or ES-931A has already been returned to the SESA, the program administrator should send a separate notice to the SESA. The ICUC system shall provide a message if a UC claim is created for an employee who has previously filed a worker's compensation claim.

5. NOTICES AND DETERMINATIONS. Once the SESA gathers the wage and separation information for an employee, the SESA shall issue determinations concerning individual eligibility for UC benefits. Paragraphs 5.a. through 5.c. of this enclosure describe the types of notices and determinations that may be received from the SESAs. Notices and determinations of the appeals process are discussed in detail in paragraph 6 of this enclosure.

a. Notice of Financial Determination. The samples notices of financial determination at Figures 9 and 10 are also known as "monetary determinations." The purpose of the notice is to inform the employee and the employer of the amount the employee shall be eligible to receive in UC benefits. Generally, the weekly benefit amount and the maximum benefit amount are included on the form. The maximum benefit amount is the weekly benefit amount times the duration (the number of weeks the employee is eligible for UC benefits). In some cases, the wages reported by the employer shall be included on the monetary determination. The program administrator should compare the wages with the wages reported on the ES-931 to ensure that they match. The program administrator may appeal the monetary determination to the first-level appeal authority of the State if the agency disagrees with the wages on the determination. Procedures for filing an appeal are included on the notice.

b. Notice of Benefit Charges. Some SESAs send a notice that indicates the amount of wages paid by each employer in the base period. (See sample at Figure 11.) The title of the form and the format shall vary from State-to-State. That form shows the proportion of the total wages that each employer shall be charged based on the amount of wages attributed to that employer. Since Federal agencies are required to reimburse the FEC account for the proportionate share of the total wages, the program administrator should notify the SESA if there are any other known sources of wages that are not reflected on the notice of benefit charges.

c. Notice of Nonmonetary Determination. A nonmonetary determination is issued by the SESA when a decision is made about any aspect of the employee's eligibility for benefits (other than monetary considerations).

(1) Reason for Separation. Figures 12 and 13 provide examples of nonmonetary determinations based on the reason for separation. In most cases a determination shall be issued only if the reason for separation was other than a lack of work. However, some of the SESAs do issue a determination if an employee was separated due to a lack of work. The determination shall provide the reason the employee was separated, whether the reason results in a disqualification or a qualification for UC benefits, the section of the UC State law that pertains to the issue, and the terms of the disqualification if any. Depending on the reason for separation and the particular State UC law, an individual may be held ineligible for UC benefits for a specified number of weeks, or an individual may be disqualified until subsequent work has been performed for a specified period of time or until a specified amount of wages have been earned. The program administrator should carefully review all nonmonetary determinations received. If

the agency disagrees with a determination, the program administrator should file an appeal. The determination shall indicate how, where, and when an appeal can be filed.

(2) Availability for Work. The SESA may issue a determination that the individual is not able to accept work, is not available for work, or is not seeking work. That determination should only be appealed if the program administrator has conflicting information on the employee's availability for work. An example of that would be if the program administrator is aware that the individual is attending school or is temporarily unable to work due to illness.

(3) Refusal of Suitable Work. A SESA may issue a determination if it is found an individual refused an offer of suitable work or referral to work. The determination shall provide information about the job offer that was refused. The determination shall indicate whether any penalty has been imposed, and if so, the specifics of the penalty. In some cases the employee shall be held ineligible for the period of time the job was to last; in other cases an employee may be held ineligible until subsequent employment is performed for a specified time period.

(4) Receipt of Wages, Pension, or Other Payment. Figures 14 and 15 provide examples of nonmonetary determinations that are issued when an individual is found ineligible to receive UC benefits for a particular time period due to receipt of wages, pension, severance, or vacation pay.

6. FIRST-LEVEL APPEALS AND HEARINGS. This section describes the notices and determinations associated with the appeals process. This section explains how first level hearings are conducted and the steps necessary to adequately prepare for and participate in the appeals process. It is important to remember that the applicable State law shall govern appeals and hearings. Only general procedures common to all jurisdictions are presented herein to serve as a guide. Specific rules may vary by State; therefore, the applicable rules for the particular State must be followed.

a. Appeals from Determinations

(1) Interested Party Status. Generally, any interested party to a determination (monetary or nonmonetary) can file an appeal of a determination if the party disagrees with the decision or if the decision does not accurately reflect the facts. The interested parties to a determination are usually the employee and the last employer for whom the employee worked. However, it is important to note that either party can lose their interested party status if they fail to return notices or UC claims forms in the time specified by the SESA. Therefore, it is important for the program administrator to review all forms and notices that are received and to respond in the required time period to maintain an interested party status for the agency. Failure to do so may result in waiving the agency's appeal rights.

(2) Filing an Appeal. Once a determination is received, the program administrator must review it to decide if an appeal is warranted. If a decision is made to appeal the determination, the program administrator should follow the instructions provided on the determination to initiate the appeal. In most cases the appeal does not have to be filed in person. Instead, the

appeal can generally be filed by mail. It is advisable for the program administrator to confer with the servicing legal counselor or legal counsel when considering any appeal.

(a) Time Limits for Filing an Appeal. The requirements for the timely filing of an appeal must be carefully reviewed because they vary from State-to-State. In some jurisdictions SESAs require an appeal to be received by a certain date; in others the appeal must be postmarked by a certain date. If there is any question, the SESA appeals office should be contacted to verify the time limits for filing an appeal. If there is not enough time to mail the appeal, the SESA should be contacted to see if the appeal can be sent by fax or other electronic means.

(b) Late Appeals. If an appeal is not filed timely, the hearing official shall determine if the party had good cause for submitting the appeal late. SESAs shall not consider being too busy with other work as good cause for an untimely appeal. However, if the agency received the determination too late to file a timely appeal due to an error by the SESA, such as sending the determination to the wrong address, that information should be included in the request for an appeal. The SESA may consider that as good cause if the State had previously been advised of the correct address for the agency as indicated on the SF-8 or on the response to the ES-931. If an appeal is determined to have been filed late without good cause, the hearing official may dismiss the appeal, in which case no testimony or evidence shall be accepted on the reason for separation.

b. Notice of Appeal. Some SESAs require a specific form to be used to file an appeal. Other SESAs accept an appeal letter that specifically indicates an appeal is requested. Whichever format is used, the program administrator should include the employee's name and social security number on the appeal along with a copy of the determination being appealed. The appeal request must include a contact person's name and telephone number and verify the correct address to which the Notice of Hearing should be sent.

c. Acknowledgment of an Appeal. The SESA may send a notice on receipt of a request for an appeal from the employee or the employer. (See sample at Figure 16.) The notice shall be sent to both the employee and the employer and shall generally indicate which party filed the appeal and the date the appeal was filed. That notice shall inform both parties that an appeal hearing shall be scheduled and another notice shall be sent advising both parties of the date, time, and location of the hearing.

d. Notice of Hearing

(1) Hearing Location. Once the SESA schedules an appeal hearing, a hearing notice shall indicate the date, time, and location of the hearing and whether the hearing will be conducted by telephone or in-person. (See sample at Figure 17.) The program administrator should read the hearing notice carefully to ensure all directions are followed. The hearing notice shall provide information on how to participate in the hearing. If the hearing is scheduled by telephone, the program administrator may have to call the appeals office before a certain time or date to provide the names and telephone numbers of the witnesses who shall attend the hearing.

The notice shall specify the procedures for presenting witness testimony and any documentary evidence to be considered by the hearing official.

(2) Requesting a Postponement. The Notice of Hearing shall indicate how to request a postponement of the hearing. A postponement should be requested if the individual with first-hand knowledge of the situation is not able to attend the hearing. A postponement shall not automatically be granted. If a postponement is necessary, the program administrator should request a postponement to the appeals office as soon as possible. Until a postponement is granted, it should be assumed the hearing shall be held as scheduled and the program administrator should continue to prepare for the hearing.

e. Preparation for a First-Level Appeal Hearing

(1) Beginning Preparation. The program administrator should not wait until the Notice of Hearing is received to begin preparing for an appeal hearing. In some cases the notice may not be received until a few days before the hearing is scheduled. That may not allow enough time for the witnesses to be contacted or for preparation of the documents to be submitted as exhibits. Preparation for an appeal hearing should begin when a decision is made to file an appeal by the agency or when the Notice of Appeal is received indicating the employee has filed an appeal.

(2) Determining Witnesses for the Hearing. The agency witnesses that attend a UC appeal hearing should have first-hand knowledge of the events surrounding the situation that is under appeal. For example, if the issue under appeal involves wages such as how much an employee was paid and when, the individual with first-hand knowledge would probably be the payroll or time and attendance representative. In situations involving a resignation, the first-line supervisor or the servicing personnel specialist would generally have the most knowledge of the reasons given by the employee for resigning. In situations involving a discharge, the first-line supervisor, and if different, the proposing official, will usually be needed to prove misconduct. The second-line supervisor and the deciding official may also be needed to provide testimony if they had first-hand knowledge of the events that resulted in the discharge. Only testimony based on first-hand knowledge should be presented. The hearing official may not accept evidence that is considered hearsay.

(3) Preparation of the Witnesses. Once witnesses are identified, the program administrator must ensure the witnesses shall be available to attend the hearing. If any witness is not available to attend the hearing, the program administrator should take action to request a postponement, as described in paragraph 6 of this enclosure.

(a) Designating an Employer Representative. Many of the SESAs allow both the employer and the employee to have a representative at the appeal hearing. The program administrator should verify that with the particular SESA before the hearing. The program administrator should also verify whether or not the representative must be an attorney. Most SESAs do not require a representative to be an attorney, however some SESAs do. If a representative is allowed, a person who is familiar with the issue under appeal must be designated as the employer representative. The program administrator should notify the SESA

before the hearing of the name, title, and phone number of the employer representative and of the other witnesses. Even if an attorney representative is not required, the UC program administrator should contact the appropriate legal office of the installation for advice and assistance at all stages of this process.

(b) Duties of the Representative. It is advantageous to designate an employer representative for the appeal hearing since that individual shall have the opportunity to direct the testimony of the employer's witnesses, to cross-examine the employee and the employee's witnesses, and to offer documents as exhibits during the appeal hearing. The representative is generally also allowed to be present during the entire hearing process while other witnesses may be sequestered and therefore may not hear the other witnesses' testimony. If an employer representative is not designated, the appeals officer will generally assist both parties in posing questions to the opposing party. In some jurisdictions, if the employer representative has first-hand knowledge of the situation under appeal, the employer representative can also serve as a witness and present testimony. In some cases that individual may be the employer representative besides being the only witness. Therefore that person shall provide all the testimony for the employer and cross-examine the employee.

(c) Initial Preparation. The employer representative for the appeal hearing should meet with the other employer witnesses before the hearing. During the meeting, the representative and witnesses should determine what testimony shall be provided during the hearing and who shall provide what testimony. Additionally, it should also be determined which documents shall be offered as exhibits during the hearing.

(4) Preparation of Exhibits. The issue under appeal shall determine which documents should be offered as exhibits. For example, for an appeal of wages reflected on the monetary determination, payroll records for the period in question should be offered as exhibits. The employer representative should ensure that all witnesses who will testify about information contained in a document have ample opportunity to review the document before the hearing. Examples of various situations and the documents typically required to establish proof are:

(a) Voluntary Resignation Situations. In voluntary resignation situations, the resignation SF-52, "Request for Personnel Action," should be entered by the employer representative as an exhibit during the appeal hearing as well as any resignation letter submitted by the employee. In those cases, the SF-52 is better than the SF-50 since the employee should have signed and annotated the SF-52 with a reason for resigning. In voluntary resignation situations most SESAs presume the resignation was voluntary and place the burden of proof on the employee to show otherwise. However, some SESAs such as the District of Columbia do not presume a resignation to be voluntary and the employer must prove it was. One way to do that is for the employer representative to submit the SF-52 as an exhibit. Additionally, if the employee resigned because he or she was not satisfied with the conditions of employment, documents such as the position description or vacancy announcement that indicate the conditions of employment should be submitted by the employer representative as evidence.

(b) Voluntary Separation Incentive Payment (VSIP) Separation. Employees who resign or retire to accept a VSIP are considered by the CPMS ICUC Division to have left

voluntarily. Some of the SESAs have granted UC benefits to employees who separated for that reason. The ICUC Division recommends that the UC program administrator file a timely appeal against decisions qualifying employees who separated to accept a VSIP. The VSIP notice indicating the voluntary nature of the program, as well as the application for the VSIP signed by the employee, should be submitted as exhibits for the appeal hearing by the employer representative. Additionally, any documents that demonstrate that there would have been continuing employment available to the employee if he or she had not voluntarily separated should also be submitted as evidence by the employer representative. That should include information about retention rights during a reduction in force (RIF). Those documents are necessary since the agency must prove that the employee voluntarily separated, and that continuing work would have been available to the employee. Some of the SESAs weigh the potential earnings (including severance pay in case of a RIF) against the VSIP payment to determine if the employee had good cause to resign. In those cases, information that shows how much the employee would have earned if he or she had not separated but continued to work should be offered as evidence by the employer representative. That information is necessary because some SESAs weigh the potential earnings (including severance pay in case of a RIF) against the VSIP payment to determine if the employee had good cause to quit.

(c) Discharge Situations. In discharge situations, the burden of proof is on the employer to show by a preponderance of the evidence that the employee was discharged for misconduct connected with the work. Therefore, any documents that support a finding of misconduct should be offered as evidence by the employer representative. That should include the notice of proposed removal, the decision of removal, and other documents from the adverse action file that support the removal including verbal or written warnings, letters of reprimand, and a proposal and notice of suspension if applicable.

1. Absent Without Official Leave (AWOL). Additionally, for employees who are discharged due to being AWOL, any records such as time sheets, payroll records, or sign-in sheets should be submitted as evidence by the employer representative. Any documentation that provides information about the office policy on attendance should also be submitted. That could include the standards of conduct, employee handbook, or copies of memorandums from the supervisor specifying office policy.

2. Falsification. In situations involving a falsification of records, the documents or reports that were falsified should be entered as exhibits by the employer representative. For example, for an employee who was discharged due to falsification of an SF-171, "Application for Federal Employment," a copy of the SF-171 should be submitted by the employer representative as evidence for the hearing. Additionally, any documents that notified the employee he or she could be discharged for falsifying applications or reports should be submitted as evidence by the employer representative. That could include a table of offenses and penalties or standards of conduct.

3. Unsatisfactory Performance. If an employee is discharged due to unsatisfactory performance, he or she usually will be eligible for UC benefits. The SESAs shall not disqualify an individual from UC benefits based on this reason for separation unless it can be proved that the unsatisfactory performance was due to misconduct.

(5) Submission of Exhibits. The employer witnesses and the employer representative should each have a copy of the exhibits and they should be familiar with the contents of the exhibits and the order in which the documents shall be entered as evidence into the appeal hearing.

(a) In-Person Hearings. The employer representative must bring at least two extra copies of the documents to the hearing. One copy should be given by the employer representative to the hearing official. The other copy should be given by the employer representative to the employee or his or her representative. Neither of those copies shall be returned.

(b) Telephonic Hearings. For telephonic hearings, the employer representative should send the documents to the hearing official when the appeal is filed, or if the claimant appealed, when the Notice of Appeal is received. The documents must be received by the hearing official before the date of the hearing. The employer representative must also send a copy of the documents to the employee before the hearing date. The hearing official can refuse to accept documents if a copy has not previously been provided to the opposing party.

f. General Hearing Procedures. The first-level appeal hearing is an informal hearing; however, certain procedures are followed. The hearing official informs both parties of the procedures that shall be followed during the hearing. The hearing official is responsible for conducting the hearing and issuing a determination based on the testimony and evidence presented during the appeal hearing.

(1) Initial Procedures. Generally the hearing official begins the hearing by calling both parties into the hearing room. If there are several witnesses, the hearing official may bring only the representative and the main witness for both parties into the hearing room to begin the hearing. The other witnesses shall be called into the hearing room only when it is their turn to provide testimony. Once both parties are present, the hearing official shall explain the procedures of the hearing. The way the hearing is conducted shall vary slightly depending on the hearing official. However, major procedures are consistent in all SESAs. For example, the hearing shall be tape recorded and any person who provides testimony shall be placed under oath. The hearing official shall also determine which party shall provide their testimony first. In most cases the party that has the burden of proof gives their evidence first. Therefore, in a voluntary resignation situation the employee would give his or her testimony first. In a discharge situation the employer's testimony would be provided first. However, some hearing officials may direct the appealing party to provide testimony first. The hearing official shall generally set up a conference call before a telephonic hearing. It is imperative that the employer representative provide the phone numbers for the witnesses to the appeals office before the start of the hearing. Some of the SESAs require the phone numbers to be provided the day before the hearing so the employer representative must read the hearing notice carefully. If there is more than one witness, the hearing official may keep the other witnesses on hold until it is time for them to present their testimony.

(a) If an employer representative has been designated, he or she will be responsible for answering questions from the hearing official about the procedures of the hearing. The other witnesses should not speak during the hearing except as directed to provide testimony, to answer questions directed to them by the hearing official, or to respond to questions under cross-examination by the opposing party.

(b) Once the witnesses have been placed under oath, the hearing official shall ask both parties questions about the issue under appeal. The hearing official cannot take testimony on an issue unless the issue has been identified and agreed to by both parties before the beginning of the hearing. For example, if an employee resigned but then indicated during the hearing he resigned instead of being discharged, the hearing official may decide the separation should actually be considered a discharge rather than a voluntary resignation so that issue shall be included for the hearing if both parties agree. If the parties do not agree, the hearing shall have to be rescheduled and the new issue identified on the Notice of Hearing. To prevent that from happening, most SESAs now identify both voluntary resignation and discharge as possible issues on the initial Notice of Hearing.

(c) The hearing official must also verify personnel data from both of the parties. That generally includes the employee's title, rate of pay, date started work (date of accession), last date the employee performed work, date of separation, and whether the employee performed full-time or part-time work. The first witness for the employer is usually asked to provide that information. The employer representative, if designated, should inform the first witness that they shall need to have that information readily accessible during the hearing.

(d) The procedure that is generally followed for the testimony is the hearing official begins by asking the witness questions on the issue under appeal. Then if an employer representative has been designated, the representative may ask the witness additional questions. The hearing official shall issue a decision on the issue based on the weight of the evidence. Any time verbal testimony can be corroborated by written documentation that should be done. For example, if the witness is explaining the reason an employee was discharged, the witness should also refer to the proposal and decision to remove. Those documents should not be read word-for-word into the record, instead they should be used to strengthen the verbal testimony. Once the representative is finished asking the witness questions, the opposing party shall have the opportunity to cross-examine the witness. After cross-examination, the hearing official may have additional questions for the witness. If necessary, the representative shall also have an opportunity to ask rebuttal questions. That procedure is followed for each of the witnesses providing testimony for both parties. However, the hearing official may ask additional questions of either party at anytime during the hearing. Figure 18 provides examples of the types of questions that should be asked during appeals hearings.

(2) Closing Procedures. Once the testimony and cross-examination are completed, the hearing official shall ask if there are any closing statements. The employer representative or main witness can provide a closing argument for the employer. The closing argument should be a summary of the main points of the employer's case, and should indicate why the employer believes the individual should be disqualified from receiving UC benefits. New testimony may not be presented during the closing argument, nor may the representative comment about

evidence that has not been presented at the hearing. Once the closing arguments are completed, the hearing official shall dismiss the hearing. The hearing official shall not provide a decision immediately after the hearing; instead, both parties shall receive a written decision through the mail.

g. Hearing Official's Decision

(1) Description and Purpose. The hearing official's decision contains the first-level hearing official's findings of fact, reasoning, and decision about a determination that was appealed either by the employee or the employer. (See sample at Figure 19.) The findings of fact generally provide a summary of the main points made by both parties during the appeal hearing. The reasoning explains why the hearing official came to a certain conclusion based on the particular State's UC law. The decision shall indicate whether the employee is qualified or disqualified from receiving UC benefits. The decision shall also indicate if there are any provisions to the disqualification such as if the employee shall be held ineligible from receiving UC benefits for a certain number of weeks or until the employee performs work and earns a specified amount of money. The name of that notice shall differ from State to State. Examples of different names of that form are: Hearing Examiner's Decision, Decision of Administrative Law Judge, Decision of Administrative Hearing Officer, Referee's Decision, and Appeals Examiner's Decision.

(2) Identifying Information. The notice shall provide identifying information such as the employee's name, social security number, and in some cases the appeal docket number. The notice shall also identify the issue(s) that were under appeal and the applicable section of the State UC law that pertains to the item(s) under appeal. In most cases the notice shall indicate which party filed the appeal, the date the appeal was filed, and the date the hearing was held.

(3) Additional Appeal Rights. The appeal decision shall specify the additional appeal rights available to both parties. If the Federal agency disagrees with the first-level hearing official's decision, the program administrator should read the notice carefully to determine the additional appeals rights. Most SESAs have two levels of administrative hearings, a first-level appeal and a second-level appeal, though some SESAs have only one level.

7. SECOND-LEVEL APPEALS

a. If the decision is made to file an appeal to the second level, the program administrator must follow the appeal procedures to ensure that the appeal shall be filed timely and all requirements shall be met. In most cases a letter can be sent to the second-level appeals office requesting an appeal. A second-level appeal is also known as a "commission appeal" or an "appeal to the Board of Review." Generally, an additional hearing shall not be scheduled for a second-level appeal. A second hearing shall only be scheduled if a request for an additional hearing is approved based on discovery of additional evidence that was not available at the first-level hearing. The appeals board shall not schedule another hearing to accept evidence that could have been presented at the first-level hearing through due diligence. If an additional hearing is not scheduled, the appeals board may allow written or verbal argument to be accepted.

The written or verbal argument cannot provide any new testimony or evidence. Instead, it can only argue testimony and evidence submitted at the first-level appeal hearing. If a second-level hearing is scheduled, the hearing is usually held in person at the central office of the SESA.

b. The second-level appeal usually consists of a review of the testimony and evidence presented at the first-level appeal hearing by a panel of three special examiners. The panel shall also review the oral or written argument, if presented, and the additional testimony or evidence, if accepted. Once the panel reviews all the information, the panel shall issue a new decision indicating the applicable statute of the UC law, and its findings and conclusions. The first-level decision can be upheld, reversed, or modified. Figure 20 provides an example of a second-level appeals decision.

8. JUDICIAL REVIEW. If the agency disagrees with the second-level decision (or the first-level in those States that have only one administrative hearing) an appeal can be filed with the appropriate State court for judicial review. The time limit for filing an appeal ranges from 10 days to 6 months; therefore the appeal instructions on the second-level decision must be reviewed carefully to ensure that the appeal is filed timely. Additionally, the second-level decision shall also indicate to what court the appeal should be filed. That could be the Circuit Court, District Court, Superior Court, or other court depending on the particular State. The agency must be represented by a Justice Department attorney in any court proceeding.

#### 9. BILLING OF UC CHARGES

a. SESA Responsibilities. SESAs are responsible for paying UC benefits to former Federal employees. DOL either advances or reimburses SESAs for the UCFE benefits. SESAs compile a list of total UCFE payments attributable to each Federal agency and forward that list to DOL. That quarterly statement of charges is known as the Employment and Training Administration (ETA) 191 Report. The information sent by SESAs on the ETA 191 reflects the total charge for each Federal agency. It does not include specific information such as the names, social security numbers, and amount of charges for each individual. SESAs, upon request of the Federal agency, send a list of the specific charge information known as the “detailed benefit of charges” or “State detail.” Figure 21 provides examples of the State details. The quarterly detail of charges includes the name, social security number, and charge for each individual who was paid UCFE benefits attributable to that FIC.

b. DOL Responsibilities. Once the charges are received from the SESAs, DOL compiles all of the charges from each of the SESAs and sends each Federal agency a bill by State. That bill is known as the “Statement of Expenditures of Federal Funds for Reimbursable UC Benefits Paid to UCFE Claimants.” (See sample at Figure 22.) That bill is sent to each Federal agency approximately 2 months after the end of a quarter. DOL also certifies to DOT on a quarterly basis the amounts due from each Federal agency.

c. Federal Agency Responsibilities

(1) DoD Component Budget Offices. Federal agencies have 30 days from the date the bill is sent by DOL to submit a payment for the UCFE charges. The budget offices of the DoD Components are responsible for advising DFAS to issue the payment to the DOT FEC account. DoD Component budget offices must pay the total amount of charges indicated on the quarterly bill from DOL. If an error is found in the amount charged, the program administrator must bring this to the attention of the CPMS ICUC Division, who shall then notify the SESA of the discrepancy. Additionally, the DoD Components are responsible for paying all bills each quarter. In some cases, adjustments are made and an initial, supplemental, and final bill may be received for a particular quarter.

(2) CPMS ICUC Division. The ICUC Division is responsible for auditing the UC charges. As a result, the ICUC Division has requested that SESAs submit the quarterly details of UCFE charges for the Department of Defense, the Army, the Navy, and the Air Force directly to the ICUC Division. As the details are received, ICUC staff input the charges from the details into the benefits collection screens of the ICUC system. While the charges are being input, ICUC staff ensure that the correct DoD Component has been charged by the SESA. If a DoD Component has been charged incorrectly, the ICUC Division notifies the SESA to charge the correct DoD Component and to credit the DoD Component that was incorrectly charged. The ICUC Division also takes action to obtain credits from the SESAs for erroneous charges such as for individuals who cannot be identified as former DoD employees.

(3) DFAS. DFAS is responsible for obtaining the quarterly UC charge payments from the DoD Components and issuing a consolidated payment to DOL. The payment is made to the UCFE Trust Fund, which is administered by DOT. DOT then notifies DOL of the amount that was paid by each Federal agency.

10. ADDITIONAL UCFE CLAIMS FORMS

a. ES-931A, "Request for Separation Information for Additional UCFE Claim"

(1) Description and Purpose. ES-931A is sent by the SESA to request separation or nonpay status information for an individual who has previously established a UC claim for benefits. (See sample at Figure 23.) UC claims are generally valid for 1 year. Therefore, anytime an individual performs subsequent employment and reopens his or her UCFE claim during the benefit year, an ES-931A is sent rather than an ES-931. The ES-931A consists of local office and claim information and has three main sections.

(a) Local Office and Claim Information. The ES-931A contains the local office number, a contact person name and telephone number, the date the additional claim was filed, the date the initial claim was filed, and the date the ES-931A was requested.

(b) Section I. Section I of the ES-931A contains the identification data such as the employee's name, social security number, date of birth, position title, place of employment,

separation date, whether the address used by the SESA is based on an SF-8, and whether the employee was a full-time or part-time employee.

(c) Section II. Section II requests information on whether the individual performed Federal civilian service, whether terminal annual leave or a severance payment was or shall be issued, and the separation or nonpay status information. That section also includes a certification section and the address and FIC code for the Federal agency.

(d) Section III. Section III provides the Federal agency name, address, and FIC account number to which the SESA sent the ES-931A.

(2) Requirements. The ES-931A follows the same requirements specified for the ES-931 in paragraph 2.b. of this enclosure. Those requirements include returning two signed copies of the ES-931A in 4 workdays of receipt and retaining a copy of the completed ES-931A for a period of 1 year.

(3) Completion. The UC program administrator should complete section II of the ES-931A.

(a) Part 1 of Section II. The format of part 1 of section II of the ES-931A is similar to part 1 of section II of the ES-931. Question 1.(a) asks whether the individual performed Federal civilian service. If the program administrator answers “yes” to the question, nothing further is required for that part. If the program administrator answers “no,” an explanation must be provided. The explanation for that question should follow the guidelines specified for the ES-931 in paragraph 2.b.(3) of this enclosure.

(b) Part 2 of Section II. The next item asks the Federal agency to verify that the identification information including the name and social security number for the employee is correct. If the information is not correct, the program administrator should provide the correct information in part 2 of section II of the ES-931A.

(c) Part 3 of Section II

1. Part 3 of section II does not ask for wage information as the ES-931 does. Wage information is not needed for the ES-931A since a UC claim has previously been established. Instead, part 3 requests information about whether a terminal annual leave payment was paid, the date of the payment, the days of leave paid, the amount of the payment, the number of hours of leave, and the beginning and ending dates of the annual leave.

2. Part 3 also requests separation information including the date of separation, the last date of active pay, and the reason for separation. Additionally, severance pay information is requested including the total amount of severance payable, the weekly entitlement, the number of weeks paid, and the beginning and ending dates of the severance payment.

3. The agency representative who completes the ES-931A must sign and date the form, and provide his or her title and telephone number. By signing the ES-931A, the agency

representative is certifying that the information is correct and complete to the best of his or her knowledge.

b. ES-933, "Request for Information Regarding Claims Filed Under the Federal Employees' Compensation Act"

(1) Description and Purpose. The ES-933 is sent by the SESA to the Office of Workers' Compensation Programs (OWCP) of the Employment Standards Administration of DOL. (See sample at Figure 24.) That form is sent to request information from OWCP about whether an individual who has filed a claim for UC benefits has also filed a claim for worker's compensation benefits.

(2) Completion. The ES-933 is to be completed by OWCP and not the Federal agencies. If that form is received in error, the program administrator should forward it to the OWCP district office.

c. ES-934, "Request for Information or Reconsideration of Federal Findings - UCFE"

(1) Description and Purpose. The ES-934 is sent by the SESA to request additional information from the Federal agency. (See samples at Figures 25 and 26.) The ES-934 is sent when the information provided by the Federal agency on the ES-931 or ES-931A is inadequate. That form may also be sent at the request of the employee to obtain additional information from the Federal agency or to request a reconsideration of the Federal findings. The ES-934 consists of three main sections.

(a) Section I. Section I is completed by the SESA and consists of identification data including the employee's name, social security number, date of birth, position title, place of employment, the Federal agency name and address, FIC number, the original request date of the ES-931 or ES-931A, and whether the employee worked full-time or part-time.

(b) Section II. Section II is also completed by the SESA representative and contains the information to be verified, the supporting documents submitted by the employee if any, and the signature of the SESA representative.

(c) Section III. Section III consists of the Federal agency's reply to the request for information and the certification of the individual completing that form.

(2) Requirements. The ES-934 requires the same reporting and retention requirements as the ES-931 as specified in paragraph 2.b. of this enclosure. The ES-934 should be returned within 4 workdays of receipt since the SESA cannot issue a determination on the UC claim until the discrepancy in the findings is resolved.

(3) Completion. The program administrator should complete section III of the ES-934. That response shall depend on the information that is specified by the SESA. The SESA may request the Federal agency to reconsider the initial findings. An example of that would be if the employee disagrees with the wages reported on the ES-931 and submits documentation

indicating the wages reported were incorrect. In that case the program administrator should verify the wages reported on the ES-931 and report the correct wages on the ES-934.

(a) In some cases the SESA may ask the Federal agency to provide additional information. An example of that would be if the reason for separation on the ES-931 indicated only "termination." Additional information would be needed by the SESA to determine whether the termination was due to unsatisfactory performance or misconduct.

(b) The program administrator who completes the form must sign and date the form, and indicate his or her name, title, and the date the form was completed.

d. ES-935, "Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation"

(1) Description and Purpose. The ES-935 is completed during the initial UC claims process. (See sample at Figure 27.) That form is completed by the employee and is an affidavit of Federal civilian service, wages, and the reason for separation. Generally, the ES-935 is submitted by the SESA with the ES-931 for an initial claim or the ES-931A for an additional claim. In some cases the SESA shall combine the information on the ES-935 with a printout of the ES-931 and therefore the ES-935 shall not be received as a separate form. If the ES-935 is received on a separate form, it should contain the local office, claim, and identifying information and two other sections.

(a) Local Office, Claim, and Identifying Information. The ES-935 indicates the local office number, contact person name and telephone number, and the employee's name, social security number, and date of birth. The claim information section also indicates whether the claim is an initial claim or an additional claim, the effective date of the claim, and the dates of employment.

(b) Section I. Section I provides the base period wages as estimated by the employee and the documentary evidence (such as a W-2 form or earnings and leave statement) provided by the employee. The second part of that section indicates the employee's estimation of any severance payments.

(c) Section II. In Section II, the employee indicates the reason he or she was separated from the position. The employee also certifies that the information provided on the ES-935 is true and correct.

(2) Requirements. According to section 6 of chapter VI of Reference (e), if the completed ES-931 is not received by the SESA in 12 days after the ES-931 was sent to the Federal agency, the SESA shall use the information on the ES-935 to issue any monetary or nonmonetary decisions. That means that the UC claim shall be established without input from the Federal agency. That reiterates the need for the program administrator to return the ES-931 in the prescribed time period.

(3) Completion. Federal agencies are not required to complete any information on the ES-935. Instead, the program administrator should compare the ES-935 with the information provided on the completed ES-931 Form. If the information on the two forms is different, the program administrator should send a rebuttal to the SESA. If the ES-931 has not been sent, sending it shall take the place of a rebuttal.

e. ES-936, "Request for Verification of UCFE Wage and Separation Information Furnished on Form ES-931"

(1) Description and Purpose. The ES-936 is sent by the SESA to verify that the ES-931 forms are being completed accurately. (See sample at Figure 28.) The ES-936 also provides the Federal agency with an opportunity to request technical assistance about the UCFE Program. The ES-936 is sent by the SESAs to satisfy a request from DOL that the SESAs periodically verify the accuracy of information furnished by Federal agencies on the ES-931. The ES-936 is composed of two main sections besides the local office and claim information.

(a) Local Office and Claim Information. The local office information contains the SESA representative name, phone number, and the local office name and number. That part also indicates the date the new claim was effective and the date the ES-931 was requested.

(b) Section I. Section I contains the identification data that includes the employee's name, social security number, birth date, position title, place of employment, the separation date provided by the employee, the Federal agency address, and FIC number.

(c) Section II. Section II consists of questions about the ES-931 and the Federal agency's reply including the certification information.

(2) Requirements. The ES-936 requires the same response and retention controls as the ES-931, i.e. to return the completed form in 4 workdays of receipt and to maintain a copy of the completed form for 1 year from the date of certification. Additionally, since that form is meant to verify the information furnished on the ES-931, the individual who completes that form should NOT be the same individual who completed and certified the ES-931.

(3) Completion. The UC program administrator should complete section II of the ES-936. To complete the ES-936, the program administrator must retrieve the agency copy of the ES-931. Then the program administrator must obtain current payroll and separation information. Most of the questions on the ES-936 are "yes" or "no" questions and are self-explanatory.

(a) Section II

1. Question 1.(a) of section II asks whether or not the agency has payroll records for this individual. If the program administrator answers "no" then an explanation must be given. Question 1.(b) requests wages to be provided for a period specified by the SESA. The program administrator should obtain the wages from the current payroll records rather than copy the wages from the ES-931. This ensures that the wages previously reported on the ES-931 are

still accurate. In some cases adjustments may have been made to the wages since the ES-931 was submitted.

2. Question 2 asks if the agency has a copy of the ES-931. If the ES-931 cannot be located the program administrator must indicate why on the ES-936. The program administrator should not create a new ES-931 on the ICUC system.

3. Question 3 asks if the agency has a file to maintain the completed ES-931 forms. The answer should be “yes” since the ES-931 forms should be maintained for a period of at least 1 year.

4. Question 4 asks if the State (or country) indicated on the ES-931 is the same as the duty station shown on the SF-50.

5. Question 5 asks if severance pay or lump sum payment for terminal annual leave was reported separately on the ES-931 and not included as base period wages. If the program administrator answers “no” then an explanation should be given. As indicated in paragraph 2.c. of this enclosure, the program administrator should not include severance pay and terminal annual leave payment in the base period wages.

6. Question 6 asks if the reason for separation reported on the ES-931 was at least as complete as the information indicated in the SF-50 “Nature of Action” and “Remarks” sections. If the answer is “no,” then the program administrator should indicate the source used to complete the ES-931.

7. Question 7 requests the date the ES-931 was completed and certified.

8. Question 8 asks if the instructions issued by the agency’s headquarters on the UCFE Program have been received. The program administrator should answer “yes” to that question since this Volume serves as the DoD instructions for the UCFE Program.

9. Question 9 asks if any errors were found in the ES-931. If any errors or discrepancies were found, the program administrator should indicate so in the item titled “Remarks by Federal Agency.” The program administrator should include the corrected information as well as the reason for the discrepancy, such as an adjustment to the wages.

(b) Certification. The next part requires the individual who completed the ES-936 to sign and date the form, indicate his or her title, and the name and address of the Federal agency. The final part of that form asks if the Federal agency would like a representative of the SESA to arrange a visit to discuss the responsibilities of the UCFE Program. The program administrator should contact the CPMS ICUC Division before answering “yes” to that question.

f. ES-939, “UCFE Program - Federal Agency Visit Report”

(1) Description and Purpose. The ES-939 is completed when DOL or SESA staff visit a Federal agency to conduct a review or evaluation of the agency’s UC program. (See sample at

Figure 29.) Both DOL and the SESAs shall visit Federal agencies periodically to evaluate the UC operations. The SESA staff shall conduct a review if requested by the Federal agency on the ES-936, "Request for Verification of UCFE Wage and Separation Information Furnished on Form ES-931." (See sample at Figure 28.) Additionally, SESAs shall also visit a Federal agency to obtain corrections in wage or separation information reported in specific cases and to familiarize Federal agency staff with UCFE Program requirements. The ES-939 contains questions about the Federal agency's basic UC program responsibilities. The form consists of two main sections.

(a) Section I, Identification Data. Section I consists of the Federal agency name and address, the name and title of the SESA representative conducting the visit, the reason for the visit, and the names and titles of the persons contacted.

(b) Section II, Federal Agency Functions. Section II consists of questions about the Federal agency's UCFE Program. The questions are divided into four main parts: general administration, UCFE claims forms, appeals, and remarks.

(2) Completion. The ES-939 is completed by DOL or the SESA. Federal agencies are not responsible for completing any part of that form. The Federal agency shall be provided with a copy of the completed form. The program administrator must take action to ensure that the deficiencies noted on the report are corrected.

APPENDIX TO ENCLOSURE 2

FIGURES

Figure 1. Sample SF-8, "Notice to Federal Employee About Unemployment Insurance"

**TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM**

**UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM**

**NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE**

This form has been given to you because (1) you have been separated from your job, or (2) you were placed in a nonpay status, or (3) your records have been transferred to a different payroll office.

*Unemployment insurance (UI) for Federal workers. When unemployed, Federal workers may be entitled to UI benefits similar to those of workers in private industry. If you become unemployed or are in a nonpay status and want to FILE A CLAIM, go to the nearest LOCAL PUBLIC EMPLOYMENT SERVICE OFFICE of the STATE EMPLOYMENT SECURITY AGENCY to register for work and file your claim for UI. Your ELIGIBILITY for UI CANNOT be determined until AFTER you file a claim. DO NOT DELAY filing a UI claim; if you wait, your unemployment benefits may be reduced or you may not qualify for any benefits.*

To help EXPEDITE your claim, take THIS FORM with you, your SOCIAL SECURITY ACCOUNT NUMBER CARD, the OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50 if available), EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

<p>FEDERAL AGENCY will insert in the box:</p> <p>1st line—Parent Federal Agency Name and 3 digit code number</p> <p>2nd line—Major Component (if any)</p> <p>3rd and 4th line—complete address to which all forms pertaining to a claim should be sent (ES-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)</p>	<p>3 Digit Identification FEDERAL AGENCY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">                 Department of Defense                  Defense Systems Information Agency                  Arlington Service Center - BLC                  701 S. Courthouse Road, Bldg. 12 Room 110                  Arlington, VA 22204-2199             </td> <td style="width: 20%; padding: 2px; text-align: center;">                 CODE NO. 421             </td> </tr> </table>	Department of Defense Defense Systems Information Agency Arlington Service Center - BLC 701 S. Courthouse Road, Bldg. 12 Room 110 Arlington, VA 22204-2199	CODE NO. 421	<p>To be completed by the <i>Federal Agency</i>:</p> <p>Contact Name/Office John Doe</p> <hr/> <p>Telephone No. (include area code) (703) 607-0000</p>
Department of Defense Defense Systems Information Agency Arlington Service Center - BLC 701 S. Courthouse Road, Bldg. 12 Room 110 Arlington, VA 22204-2199	CODE NO. 421			

KEEP THIS FORM and TAKE IT WITH YOU if you file a UCFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFE/UI, read the REVERSE SIDE of this form.

STANDARD FORM 8 (Rev. 6-87)  
Prescribed by Dept. of Labor  
29.CFR 609

Figure 1. Sample SF-8, "Notice to Federal Employee About Unemployment Insurance,"  
continued

**UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM  
UNEMPLOYMENT INSURANCE (UI) FOR FEDERAL WORKERS  
TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM**

**GENERAL INFORMATION:**

**1. WHO WILL PAY UNEMPLOYMENT BENEFITS?**

If you are eligible, you will be paid by a State employment security agency under the provisions of its unemployment insurance (UI) law. The amount of your regular weekly benefits and the period for which benefits will be paid will generally be determined by the law of the State in which you had your last Official Duty Station. This Duty Station will be printed on your final "Notification of Personnel Action", SF-50. If you have received all the regular benefits for which you are eligible, you may, under certain circumstances, become eligible for additional weeks of extended benefits; check with a State local office official. If your last duty station was outside the United States, you will not be eligible until you return to the United States, including the District of Columbia, Puerto Rico, and Virgin Islands. Your benefit rights will then be determined under the law of your State of residence.

UCFE/UI for unemployed Federal workers is paid from U.S. Government funds. No deductions were taken from your pay to finance these benefits.

**2. UNDER WHAT CONDITIONS WILL I BE ELIGIBLE?**

All State UI laws require that:

- You must be unemployed, able to work, and available for suitable work; (In some cases, you may be eligible if you are employed less than full time);
- You must register for work and file a claim at a local public employment service/UI claim office;
- You must continue to report to the office as directed; and
- You must have had a certain amount of employment/wages within a base period of 1 year specified in the State law and have been separated through no fault of your own.

All State UI laws will deny you benefits for such reasons as:

- Quitting your job voluntarily without good cause or being discharged for misconduct connected with work; or
- Refusing an offer of a suitable job without good cause.

Some State UI laws deny or reduce UI benefits for certain types of payments you may receive (retirement, severance, and/or lump-sum amount for unused, accrued annual leave).

**3. DO I HAVE THE RIGHT OF APPEAL?**

Yes. If a determination is made denying you benefits, you have the right to appeal as provided in the applicable State law.

**4. ARE THERE ANY PENALTIES?**

Yes. If you willfully make a false (fraudulent) claim, you may be fined, imprisoned, or both. If you make a mistake in giving information when you file your claim, notify the local UI claims office as soon as you discover the mistake: prompt notification may avoid a penalty.

(The above statements are issued for general information; they do not have the effect of law, regulation, or ruling).

IF YOU BECOME REEMPLOYED and have been collecting UCFE/UI benefit payments, it is your RESPONSIBILITY to notify the local office, in writing, to discontinue paying benefits now that you are employed. Failure to do so may result in a penalty such as a fine, imprisonment, or both.

STANDARD FORM 8 BACK (Rev. 6-87)



Figure 3. Sample ES-931, "Request for Wage and Separation Information for Florida"

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF UNEMPLOYMENT COMPENSATION BUREAU OF CLAIMS AND BENEFITS REQUEST FOR WAGE AND SEPARATION INFORMATION - UCFFE			LOCAL OFFICE AND TELEPHONE NUMBER Jacksonville		
DATE NEW CLAIM FILED 11/5/95		U.S. CITIZEN <input checked="" type="radio"/> YES <input type="radio"/> NO	DATE OF REQUEST 11/9/95		
<b>SECTION I. IDENTIFICATION DATA</b>					
1. NAME (Last, First, Middle; Maiden, if any) Doe, John		2. SOCIAL SECURITY NUMBER(S) 111-11-1111		3. DATE OF BIRTH 10/16/62	
4. POSITION TITLE Program Analyst		5. PLACE OF EMPLOYMENT (City, State, or Country) Jacksonville, Florida		6. DATE SEPARATED 11/8/95	
7a. IS PAYROLL OFFICE ADDRESS BASED ON SF-8? <input type="radio"/> YES <input checked="" type="radio"/> NO		8. CLAIMANT STATES HE/SHE WAS: <input checked="" type="radio"/> a. REGULAR, FULL TIME EMPLOYEE		AND: <input checked="" type="radio"/> APPROPRIATED	
b. IF "NO", DOES CLAIMANT STATE HE/SHE RECEIVED SF-8? <input type="radio"/> YES <input checked="" type="radio"/> NO		0 b. INTERMITTENT OR PART-TIME EMPLOYEE		0 NON-APPROPRIATED	
<b>SECTION II. FEDERAL AGENCY REPLY</b>					
INSTRUCTIONS: COMPLETE SECTION II AND RETURN ORIGINAL WITHIN 4 DAYS. SEE REVERSE FOR DETAILED INFORMATION.					
<b>1. FEDERAL CIVILIAN SERVICE</b>					
1a. Did this person perform "Federal Civilian service" (as defined for UCFFE purposes) for your agency at any time during or after the base period shown in item 2a below? YES <input type="radio"/> NO <input checked="" type="radio"/> If "NO", explain:					
2b. DUTY STATION: Enter State of this person's last employment with your agency (or, if outside U.S., enter Country): Florida					
<b>2. BASE PERIOD WAGES</b>					
2a. REPORT OF WAGES:			2b. REPORT OF DUTY HOURS:		
QUARTER ENDING	YEAR	GROSS WAGES	NUMBER OF WEEKS OF EMPLOYMENT	NUMBER OF DUTY HOURS: WORKDAY	8
9/30	19 94	\$ 5,000	13	NUMBER OF DUTY HOURS: BASIC WORK WEEK	40
12/31	19 94	\$ 5,000	13	2c. ENTERED ON DUTY DATE: 1/10/94	
3/31	19 95	\$ 5,500	13	2d. IDENTIFICATION: If incorrect data shown in Section 1, enter correction(s):	
6/30	19 95	\$ 5,500	13		
9/30	19 95	\$ 5,500	13		
12/31	19 95	\$ 2,000	5 1/2		
		TOTAL		\$ 28,500	
<b>3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION</b>					
3a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the beginning date of the base period shown in item 2a above? YES <input type="radio"/> NO <input checked="" type="radio"/>					
If "YES", or if currently entitled to such a payment, record data below for each payment (or entitlement since such date):					
(2) Amount \$ 1,000	(4) Amount of Terminal Annual Leave: 5	Days: 40	Hours: 40	3b. Date of Separation: 11/8/95	
(3) Date of Payment 11/17/95	(5) Period of Terminal Leave: From: 8:00 To: 5:00	Time	Date	3c. Date of last day of Active Pay Status 11/8/95	
3d. REASON FOR SEPARATION OR NONPAY STATUS: Termination: Expiration of Appointment					
I CERTIFY THAT I have examined this report (including the instructions on the reverse of this form); that this report constitutes the findings of this agency under Federal Law (5 U.S.C. 6506(a)) and, to the best of my knowledge, it is a correct and complete report.					
SIGNATURE OF OFFICIAL			TITLE Personnel Management Specialist	DATE 11/13/95	
4. NAME AND CODE OF PARENT FEDERAL AGENCY (E.G. NASA, 631. Postal Data Service - 732) Department of the Army FIC 422			5. NAME OF AGENCY COMPONENT AND ADDRESS OF PAYROLL OFF (if different from address shown on reverse)		

LES FORM ES-931, (UCFB-93) (REV. 2/94)

Figure 4. Sample ES-931, "Request for Wage and Separation Information for New York"

 <p align="center"><b>NEW YORK STATE DEPARTMENT OF LABOR</b> Unemployment Insurance Division</p> <p align="center"><b>REQUEST FOR WAGE AND SEPARATION INFORMATION - UCFE</b></p> <p>The Payroll Office address below was <input type="checkbox"/> based on SF 8. The claimant states that SF 8 was <input type="checkbox"/> issued by your agency.</p>		Date New Claim Filed	Date of Request	Local Off. No.		
		10/16/96	10/18/96	20		
<p><b>PARENT FEDERAL AGENCY</b></p> <p align="center"><b>Department of the Army</b></p> <p align="center">NO. STREET</p> <p align="center"><b>U. S. Army Engineer District - Buffalo</b></p> <p align="center">CITY STATE ZIP CODE</p> <p align="center"><b>1776 Niagara St., Buffalo, NY 14207-3199</b></p> <p><b>INSTRUCTIONS FOR SECTION II. Complete Section II and return original and one copy within 4 days to address below</b></p> <p>(Throughout this form the term "week" means Monday through Sunday)</p>		<b>SECTION I. IDENTIFICATION DATA</b>				
		1. Social Security Account Number(s)				
		111-11-1111				
		2. Name (Last, First, Middle; Maiden, if any)				
		Doe, John				
		3. Date of Birth	4. Employee No.			
		4/1/50				
		5. Position Title				
Engineer						
6. Place of Employment (City, State, or Country)						
Buffalo						
7. <input checked="" type="checkbox"/> Regular Full Time Employee <input type="checkbox"/> Intermittent or Part-Time Employee						
8. Date of Separation						
10/14/96						
<b>SECTION II. FEDERAL AGENCY REPLY</b>						
<b>1. FEDERAL CIVILIAN SERVICE</b>						
1a. Did this person perform Federal civilian service (as defined for UCFE purposes) for your agency at any time during the period indicated in Item 2 below? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "No," explain why service was not Federal civilian service.						
1b. DUTY STATION: Enter state of this person's last employment with your agency (or, if outside U.S., enter country)						
New York						
<b>2. BASE PERIOD WAGES</b>						
For the Base Period		FROM	THRU			
		10/9/95	10/7/96			
2a. Weeks of Work During Period Shown Above:	Weeks	2b. Gross Wages During this Period: (If "None", so state. Do not include as wages: (1) severance pay; or (2) lump-sum terminal annual leave payment reported in Item 3a below.)	2c. Records maintained: <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Earned Basis			
		\$ 36,000				
2d. No. of weeks during this period in which employee worked and earned less than \$80.00:	Weeks	Total Earnings for Such Weeks:				
0		\$				
2e. IDENTIFICATION: If incorrect data is shown in Section I, enter correction(s). (Use reverse side if necessary):						
<b>3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION</b>						
3a. (1) Did this person receive lump-sum payment(s) for terminal annual leave on or after the beginning date of the base period shown above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", or if currently entitled to such payment, enter data below:						
(2) Period of Terminal Leave:		(3) Amount of Payment:				
From:	To:	\$				
(4) Date of Payment:	3b. Date of Separation:	3c. Date of Last Day of Active Pay Status:				
	10/14/96	10/14/96				
3d. Reason for Separation or Nonpay Status: Discharged: Unsatisfactory Performance (Use reverse, if needed.)						
I CERTIFY THAT I have examined this report (including the Instructions on the reverse of this form); that this report constitutes the findings of this agency under Federal Law (5 U.S.C. 8506(a)) and to the best of my knowledge, it is a correct and complete report.						
NEW YORK STATE DEPARTMENT OF LABOR Unemployment Insurance Division		LEAVE BLANK	Signature of Official	Date		
		Ben. Rate		10/23/96		
		Pens. Red.	Title	Parent Federal Agency		
Net Rate.	Employee Relations	Dept. of the Army	Name and Address of Payroll Office (if different from above)			
<b>CHARACTERISTICS</b>						
SEX	D.O.B.	GRP.	EDUC.	OCC.	VET.	RESIDENCE

FL2 (1/90)  
(ES 931, 9-72/MA 8-36)

Figure 5. Sample ES-931, "Request for Wage and Separation Information for Texas"

BENEFITS - UCFE  
 TEXAS WORKFORCE COMMISSION  
 101 E 15 ST RM 376  
 AUSTIN TX 78778-0000

MAR 11 1997

**ES-931 REQUEST FOR WAGE AND SEPARATION INFORMATION-UCFE**  
 Date Mailed: March 6, 1997

Department of the Army  
 Directorate of Civilian Personnel  
 1410 Stanley Rd., Bldg 144  
 Ft. Sam Houston, TX 78234-5023

Federal Agency Code: 422  
 TWC Account Number: 99-999422-9  
 Initial Claim Date:  
 Date to LCCC: 03-05-97  
 Case Number: 1  
 Last Employer: YES

---

**SECTION I. IDENTIFICATION DATA**

1. NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY)) Doe, John  
 2. SOCIAL SECURITY NUMBER 000-00-0000  
 3. BIRTHDATE 07-08-55  
 4. POSITION TITLE EMPLOYEE  
 5. PLACE OF EMPLOYMENT (CITY STATE OR COUNTRY) SAN ANTONIO  
 6. SEPARATION DATE 02-27-97  
 7. IS FEDERAL AGENCY ADDRESS BASED ON SF87? NO  
 8. CLAIMANT WAS: REGULAR FULL TIME EMPLOYEE  
 9. REASON FOR SEPARATION: FIRED

---

**SECTION II. FEDERAL AGENCY REPLY**  
**INSTRUCTIONS: COMPLETE SECTION II AND RETURN WITHIN 4 WORKDAYS**

1. FEDERAL FINDINGS TO DETERMINE FEDERAL CIVILIAN SERVICE  
 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 2. BELOW? YES NO (EXPLAIN ON SEPARATE ATTACHMENT)

2. WAGES CLAIMANT REPORTED TO TWC			2A. FEDERAL WAGES		
QUARTER ENDING	YEAR	GROSS WAGES	QUARTER ENDING	YEAR	GROSS WAGES
12-31	1995	\$0.00	12-31	1995	\$ 4123.20
3-31	1996	\$0.00	3-31	1996	\$ 4810.40
6-30	1996	\$0.00	6-30	1996	\$ 4341.60
9-30	1996	\$0.00	9-30	1996	\$ 5084.80
12-31	1996	\$0.00	12-31	1996	\$ 4476.40
3-31	1997	\$0.00	3-31	1997	\$ 1162.24

B. LOCATION OF LAST DUTY STATION (STATE OR IF OUTSIDE U.S. COUNTRY): Texas

C. IDENTIFICATION OF INCORRECT DATA SHOWN IN SECTION I. ENTER CORRECTIONS HERE:

---

**3. TERMINATION ANNUAL LEAVE, SEPARATION 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 THE BASE PERIOD SHOWN IN 2. ABOVE? YES NO IF "YES", OR IF CURRENTLY ENTITLED TO SUCH A PAYMENT, RECORD DATES BELOW FOR EACH PAYMENT OF ENTITLEMENT SINCE SUCH DATE:  
 PAYMENT DATE: / / DAYS OF LEAVE: PAYMENT AMOUNT \$  
 PERIOD FROM: TIME: DATE: TO TIME: DATE:

B. DATE OF SEPARATION: 2/27/97 C. LAST DAY OF ACTIVE PAY STATUS 2/27/97

D. REASON FOR SEPARATION OR NONPAY STATUS: PLEASE MARK THE APPLICABLE RESPONSE AND PROVIDE A DETAILED EXPLANATION. ATTACHING ADDITIONAL PAGES IF NECESSARY. TWC MAY DISCLOSE TO THE CLAIMANT ANY INFORMATION YOU PROVIDE.  
 TEMPORARY LAYOFF RETURN TO WORK DATE: / /  PERMANENT LAYOFF  QUIT  FIRED  LABOR DISPUTE  
 Termination: Involuntary

---

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: \$ NUMBER OF WEEKS: BEGINNING DATE: / / ENDING DATE: / /

---

**SECTION III**

SIGNATURE OF OFFICIAL: DATE: 3/4/97 B. NAME OF PARENT FEDERAL AGENCY, 3-DIGIT FEDERAL AGENCY CODE, AND ADDRESS (IF DIFFERENT FROM ADDRESS SHOWN ABOVE.)  
 Department of the Army FIC 422

PRINT NAME: Jane Smith  
 TITLE: Personnel Specialist  
 TELEPHONE: ( )



Figure 7. Sample QC Verification of Base Year Employment



STATE OF TENNESSEE  
DEPARTMENT OF EMPLOYMENT SECURITY  
QUALITY CONTROL UNIT  
416 East Lafayette  
Jackson, Tennessee 38301

DATE: October 16, 1995

Dept of Army Finance + Acctg. Ch  
No. 1st Civil Personl Mgmt

RE: Doe, John

2401 Eisenhower Aal Bm 104  
Alexandria, VA 22331

SS# 111-11-1111

ATTN: Human Resource Dept.

Dear Employer:

The Unemployment Insurance (UI) claim filed by the above individual has been randomly selected for audit by the department's UI Quality Control Unit. Federal guidelines require that wages used to establish monetary eligibility for a claimant be verified for reporting accuracy by the employer and recording accuracy by the agency.

Please furnish a photo copy, or computer printout, of payroll document(s) which shows gross amount paid to John Doe during each pay period beginning 04-01-94 through 03-31-95 or the individual's last date worked. Please indicate pay period ending dates paid (or check dates) for each pay period. Gross wages must include all wages before deductions of any kind are made (including 401K, flexible benefit or cafeteria plans, deferred compensation, insurance, etc.).

Please furnish employment information requested (highlighted) on the upper half of page 1 of the enclosed agency form. If this individual was separated for any reason other than a lack of work, please furnish us with the reason separated and all supporting documentation. (It is not necessary to submit documents previously furnished to the agency.) Also, please indicate if and when you plan to recall this individual.

If payroll records are self explanatory, completion of quarterly wage sections on page 2 is not necessary. However, a company representative's signature and title is required at the bottom of page 2, as well as on the copy of the payroll record.

Please reply by 10-31-95. You may FAX documents to (901) 423-5864. If FAX is not available, please mail copies to the address at the top of this page.

Figure 7. Sample QC Verification of Base Year Employment, continued

Employer Request for Verification  
Page 2

In accordance with Employment Security law, the information furnished to the department is confidential and will only be used for purposes of verifying claimant eligibility for UI benefits.

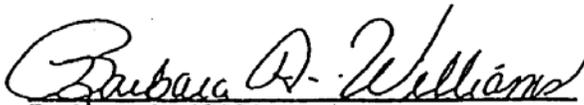
If you prefer an in-person audit of the required records, please leave a message for me at (901) 423-5757 so an appointment can be scheduled.

To expedite this audit, please review the following check list before returning documentation.

- All highlighted sections of employment information completed on page 1.
- Claim series wages provided according to calendar week (Sunday through Saturday) on page 1.
- Payroll record shows all pay periods, and pay period ending dates and pay dates (or check dates) are indicated.
- Signature and title of company representative at bottom of page 2.
- Signature and title of company representative on copy of payroll record. *If possible to copy records*

Thank you for your cooperation in this matter.

Sincerely,



Barbara A. Williams  
UI Quality Control Investigator

Figure 7. Sample QC Verification of Base Year Employment, continued



**TENNESSEE DEPARTMENT OF EMPLOYMENT SECURITY**  
**QUALITY CONTROL VERIFICATION OF BASE YEAR EMPLOYMENT**

BATCH NUMBER  
954

Claimant: John Doe (NAME)      111-11-1111 (SOCIAL SECURITY NUMBER)      10-7-91 (KEY WEEK)  
 Employer: Dept of Army Finance + Acct. CTR (NAME)      0900.422 (EMPLOYER NUMBER)      (EMPLOYER'S PHONE)  
 Address: 2461 Eisenhower Ave, Room 1404, Alexandria, VA 22331 (NUMBER, STREET, CITY, STATE, ZIP)  
 Contact: Human Resource Dept. (EMPLOYER CONTACT)      (TITLE)

DATE HIRED: \_\_\_\_\_ LAST DAY WORKED: \_\_\_\_\_ DATE SEPARATED: \_\_\_\_\_  
 REASON FOR SEPARATION: \_\_\_\_\_

PRIOR PERIODS OF EMPLOYMENT WITH THIS EMPLOYER: \_\_\_\_\_  
 POSITION TITLE: \_\_\_\_\_ SALARIED  HOURLY  AMOUNT: \_\_\_\_\_  
 AS OF THE DATE OF SEPARATION, DID YOU EXPECT TO RECALL THIS CLAIMANT? NO  YES  -WHEN? \_\_\_\_\_  
 AS OF 10/7/95 (KEY WEEK) DID YOU EXPECT TO RECALL THIS PERSON? YES  NO  IF YES, WHEN? \_\_\_\_\_ (DATE)  
 AS OF 10/2/95 (KEY WEEK) HAS RE-EMPLOYMENT BEEN OFFERED? YES  NO  IF YES, WHEN? \_\_\_\_\_ (DATE)

WAGES PAID PAST SEPARATION DATE WERE: VACATION  -SICK  -SEVERENCE  -WAGES IN LIEU OF NOTICE  -OTHER  -  
 IF OTHER, EXPLAIN: \_\_\_\_\_  
 WAGES FOR KEY WEEK: \_\_\_\_\_ PENSION? YES  NO

**NOTE!!**

BASE PERIOD WAGE AUDIT FORM IS ON THE BACK. MISCELLANEOUS BASE PERIOD WAGES MAY BE EXPLAINED UNDER "MISCELLANEOUS WAGES" BELOW. DISCREPANCIES IN BASE PERIOD WAGES MUST BE EXPLAINED. THE EMPLOYER REPRESENTATIVE MUST SIGN THE CERTIFICATION ON THE BACK OF THIS FORM. FAILURE TO OBTAIN A SIGNATURE MUST BE EXPLAINED.

CLAIM SERIES WAGES			MISCELLANEOUS PAY		
PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID	TYPE	DATE PAID	GROSS AMOUNT PAID

OTHER WAGE INFORMATION

COMMENTS: \_\_\_\_\_

Figure 7. Sample QC Verification of Base Year Employment, continued

BASE PERIOD

QUARTER <u>2nd</u> YEAR <u>94</u> AMT. REPORTED <u>6,283.20</u>				QUARTER <u>3rd</u> YEAR <u>94</u> AMT. REPORTED <u>7,330.40</u>			
WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID	WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	4/16/94	4/23/94	\$483.31	1	7/9/94	7/15/94	\$563.87
2	4/16/94	4/23/94	\$483.31	2	7/23/94	7/29/94	\$563.87
3	4/30/94	5/6/94	\$483.31	3	7/23/94	7/29/94	\$563.87
4	4/30/94	5/6/94	\$483.31	4	8/6/94	8/12/94	\$563.87
5	5/14/94	5/20/94	\$483.31	5	8/6/94	8/12/94	\$563.87
6	5/14/94	5/20/94	\$483.31	6	8/20/94	8/26/94	\$563.87
7	5/28/94	6/3/94	\$483.31	7	8/20/94	8/26/94	\$563.87
8	5/28/94	6/3/94	\$483.31	8	9/3/94	9/9/94	\$563.87
9	6/11/94	6/17/94	\$483.31	9	9/3/94	9/9/94	\$563.87
10	6/11/94	6/17/94	\$483.31	10	9/17/94	9/23/94	\$563.87
11	6/25/94	7/1/94	\$483.31	11	9/17/94	9/23/94	\$563.87
12	6/25/94	7/1/94	\$483.31	12	10/1/94	10/7/94	\$563.87
13	7/9/94	7/15/94	\$483.48	13	10/1/94	10/7/94	\$563.96
14				14			
TOTAL			\$6,283.20	TOTAL			\$7,330.40

QUARTER <u>4th</u> YEAR <u>94</u> AMT. REPORTED <u>6,283.20</u>				QUARTER <u>1st</u> YEAR <u>95</u> AMT. REPORTED <u>7,410.40</u>			
WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID	WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	10/15/94	10/21/94	\$483.31	1	1/7/95	1/13/95	\$570.03
2	10/15/94	10/21/94	\$483.31	2	1/21/95	1/27/95	\$570.03
3	10/29/94	11/4/94	\$483.31	3	1/21/95	1/27/95	\$570.03
4	10/29/94	11/4/94	\$483.31	4	2/4/95	2/10/95	\$570.03
5	11/12/94	11/18/94	\$483.31	5	2/4/95	2/10/95	\$570.03
6	11/12/94	11/18/94	\$483.31	6	2/18/95	2/24/95	\$570.03
7	11/26/94	12/2/94	\$483.31	7	2/18/95	2/24/95	\$570.03
8	11/26/94	12/2/94	\$483.31	8	3/4/95	3/10/95	\$570.03
9	12/10/94	12/16/94	\$483.31	9	3/4/95	3/10/95	\$570.03
10	12/10/94	12/16/94	\$483.31	10	3/18/95	3/24/95	\$570.03
11	12/24/94	12/30/94	\$483.31	11	3/18/95	3/24/95	\$570.03
12	12/24/94	12/30/94	\$483.31	12	4/1/95	4/7/95	\$570.03
13	1/7/95	1/13/95	\$483.48	13	4/1/95	4/7/95	\$570.04
14				14			
TOTAL			\$6,283.20	TOTAL			\$7,410.40

TOTAL BASE PERIOD WAGES	THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE								
\$27,307.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employer's Representative-Signature and Title</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td>Investigator's Signature</td> <td>Date:</td> </tr> <tr> <td style="text-align: center;"><i>Barbara A. Williams</i></td> <td style="text-align: center;">10-16-95</td> </tr> </table>	Employer's Representative-Signature and Title	Date:			Investigator's Signature	Date:	<i>Barbara A. Williams</i>	10-16-95
Employer's Representative-Signature and Title	Date:								
Investigator's Signature	Date:								
<i>Barbara A. Williams</i>	10-16-95								

**Figure 8. Sample State Unemployment Insurance Law Requirements  
Concerning Back-Pay Awards**

REGION	STATE	SESA SETS UP OVERPAYMENT	STATE LAW REQUIRES EMPLOYER TO RECOVER OVERPAYMENT	SESA DOES NOT CONSIDER BACKPAY TO CAUSE OVERPAYMENT
I	Connecticut*		X	
	Maine	X		
	Massachusetts	X		
	New Hampshire*		X	
	Rhode Island			X
II	Vermont	X		
	New Jersey	X		
	New York	X		
	Puerto Rico	X		
III	Virgin Islands	X		
	Delaware*	X	X	
	D.C.	X		
	Maryland	X		
	Pennsylvania		X	
	Virginia	X		
	West Virginia		X	
IV	Alabama*		X	
	Florida	X		X
	Georgia			X
	Kentucky	X		
	Mississippi*		X	
	North Carolina		X	
	South Carolina	X		
	Tennessee		X	
	V	Illinois	X	
Indiana			X	
Michigan		X		
Minnesota		X		
Ohio		X		
Wisconsin*		X		
VI	Arkansas*	X	X	
	Louisiana			X
	New Mexico	X		
	Oklahoma	X		
	Texas		X	
VII	Iowa*	X	X	
	Kansas	X		
	Missouri		X	
	Nebraska	X		
VIII	Colorado	X		
	Montana X		X	
	North Dakota	X		
	South Dakota	X		
	Utah*		X	
	Wyoming	X		

**Figure 8. Sample State Unemployment Insurance Law Requirements  
Concerning Back-Pay Awards, continued**

REGION	STATE	SESA SETS UP OVERPAYMENT	STATE LAW REQUIRES EMPLOYER TO RECOVER OVERPAYMENT	SESA DOES NOT CONSIDER BACKPAY TO CAUSE OVERPAYMENT
IX	Arizona*		X	
	California*		X	
	Hawaii	X		
	Nevada		X	
X	Alaska*	X		
	Idaho*	X		
	Oregon*	X		
	Washington	X		

\*EXPLANATORY NOTES - BACK-PAY AWARDS

REGION I

Connecticut requires the employer to deduct Overpayment from back-pay award. However, State provides for recovery of overpayment from the claimant if the UI benefits are not deducted from the award.

New Hampshire requires employer to notify State in advance of award payment State then makes a determination, which justifies employer to deduct UI benefits from award.

REGION III

Delaware will accept reimbursement from either employer or employee.

REGION IV

Alabama requires employer to deduct overpayment from back-pay award unless the award is the result of a National Labor Relations Board Decision or an award pursuant to 42 U.S.C.A. Section 2000 et seq. (Title VII, Civil Rights Act of 1964). Mississippi requires the employer to deduct overpayment from back-pay award. However, State provides for recovery of overpayment from the claimant if the UI benefits are not deducted from the award.

REGION V

Wisconsin recovers overpayment from either employer or employee depending on manner in which warrant is written.

REGION VI

Arkansas law does not require employer to recover overpayments but provides that if an employer deducts UI benefits paid from a back-pay award, the employer must reimburse the State.

REGION VII

Iowa, at its discretion, may reach an agreement with the employer and employee on method of reimbursement of overpayment by deduction from award, offset from future benefits or cash restitution.

REGION VIII

Utah requires employee to reimburse UI benefits paid when claimant is at fault in the creation of the overpayment. In non-fault overpayments, employer is required to recover the overpayment; i.e. claimant has made an assignment to direct employer to reimburse overpayment for UI benefits paid.

REGION IX

Arizona requires the employer, with employee's approval, to reimburse the overpayment.

California provides the employer a choice whether to deduct UI benefits from the back-pay award.

Figure 8. Sample State Unemployment Insurance Law Requirements  
Concerning Back-Pay Awards, continued

\*EXPLANATORY NOTES - BACK-PAY AWARDS, CONTINUED

REGION X

Idaho sets up an overpayment and back-pay is allocated to each week claimant worked (partial UI benefits). Otherwise, if the claimant did not work and claimed benefits, the back-pay would be reported as a lump sum in week received. Alaska does not require employers to make deductions for UI benefits. However, if employer deducts, then employer is required to reimburse the State. Oregon sets up an overpayment only if the claimant is reinstated.

Figure 9. Sample Monetary Determination - Notice of Wages Used for Unemployment Insurance Claim

INGLEWOOD JS - 006  
P.O. BOX 5038  
HAWTHORNE, CA 90251-5038  
(310) 725-2100


 Serving  
 the People  
 of California  
 Employment Development Department

**DE 1545R**

**NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM**

\*RESPONSE MUST BE POSTMARKED BY  
**11-13-95**

YOUR ACCOUNT NO. BR. NO.  
**000-4424-8 00**  
 PREDECESSOR ACCOUNT NO.

DEPARTMENT OF THE AIR FORCE

CLAIM DATE  
**09-10-95**

\*IF WAGES ARE CORRECT AND YOU DO NOT WISH TO SUBMIT ELIGIBILITY INFORMATION,  
 NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

CLAIMANT'S NAME	NAME WAGES REPORTED UNDER	SOCIAL SECURITY NUMBER	OTHER SOCIAL SECURITY NUMBER
Doe, Jane		000-00-0000	

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM

06-30-94	09-30-94	12-31-94	03-31-95	
\$ 6630.00	\$ 6630.00	\$ 6630.00	\$ 6630.00	

TOTAL WAGES REPORTED BY YOU	CR
\$ 26,520.00	

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM ..... \$ 26,520.00

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR ACCOUNT IS ..... 100.000 %

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \$199 TO A MAXIMUM BENEFIT AMOUNT OF.. \$ 5174

The maximum charges for each week benefits are paid  
 will be \$ 199.00.

TO SUBMIT FACTS AFFECTING THE CLAIMANT'S ELIGIBILITY, SUPPLY INFORMATION BELOW AND MAIL TO THE ADDRESS IN THE UPPER LEFT CORNER.

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The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

Figure 10. Sample Monetary Determination - Notice to Base Year Employer



STATE OF  
WASHINGTON

**Important Benefit-Related Notice**

EMS 166 (REV. 06/95) 7540-032-023  
0096

**NOTICE TO BASE YEAR EMPLOYER**

ES Reference No. 970424 00 3

Date Mailed 10/09/95

Unified Bus. Ident.

**RELIEF OF CHARGES-** You may be eligible for relief of charges to your experience rating if separation from employment for any listed individual was: (1) a voluntary quit for reasons not attributed to the employer; (2) a discharge for misconduct connected with the work; (3) a direct result of a catastrophe such as fire, flood or other natural disaster; or (4) if the individual continues to be employed by you on a regular, permanent, part-time basis, and if that individual was concurrently employed and subsequently separated from one or more other base year employers.

If you think you qualify for relief of charges, send a written request to the address shown below. It must be received or postmarked within 30 days of the date your firm notice was mailed. See attached instructions.

**PROTEST OF ELIGIBILITY-** See attached instructions.  
(The enclosure also explains items 1 through 8).

**Important:** The listed individual(s) have applied for unemployment insurance benefits.

1. APPLICANT'S NAME AND SOCIAL SECURITY NUMBER	2. JOB SERVICE CENTER NUMBER & APPLICATION DATE	3. WBA MBP	4. BASE YEAR QUARTERS	5. HOURS AND WAGES REPORTED BY YOUR FIRM	6. TOTAL REPORTED BY ALL EMPLOYERS	7. YOUR % OF BASE YEAR WAGES	8. CODES
Doe, John 111-11-1111	530 07/30/95	227 6810	2/94 1/95	2024 20,820.66	20,820.66	100.00	2

Employment Security Department  
Experience Rating Unit  
P.O. Box 9046  
Olympia, WA 98507-9046  
(360) 902-9670  
FAX (360) 902-9660

If the above information is incorrect or if this individual was not your employ, please write to the address shown at left as soon as possible.



Figure 12. Sample Nonmonetary Determination (Separation - Voluntary Quit)

NOTICE OF DETERMINATION

UI-492 (REV. 12/94) PAGE 1 OF 1	COMMONWEALTH OF KENTUCKY WORKFORCE DEVELOPMENT CABINET DEPARTMENT FOR EMPLOYMENT SERVICES DIVISION OF UNEMPLOYMENT INSURANCE PO BOX 90003 BOWLING GREEN KY 42102-9003	SSN: 111-11-1111 EFFECTIVE DATE: 11/05/1995 BYE: 11/02/1996 LOCAL OFFICE: 55 DATE MAILED: 11/22/1995
---------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

CLAIM: UI  
B

Department of Defense

Jane Doe  
BRYANT WAY APT D  
BOWLING GREEN KY 42103-7102

ISSUE(S): VOLUNTARY QUIT  
DATE(S): (07/19/95)

STATUTORY REFERENCE(S) WHICH APPLY TO THE ABOVE ISSUE(S): KRS 341.370(1)(C)

FINDINGS:

IN ACCORDANCE WITH THE STATUTE, BENEFITS MAY BE PAYABLE FOR VOLUNTARILY LEAVING WORK WITH GOOD CAUSE ATTRIBUTABLE TO THE EMPLOYMENT. CLAIMANT VOLUNTARILY QUIT WHEN HER HUSBAND WAS TRANSFERRED TO THE UNITED STATES. CLAIMANT HAD NO CONTROL OVER THE TERMINATION OF HER WORK AS SHE COULD NOT HAVE REMAINED IN THE COUNTRY WHEN THE MILITARY RELOCATED HER HUSBAND. THEREFORE CLAIMANT IS SEPARATED UNDER NONDISQUALIFYING CIRCUMSTANCES.

RULINGS:

THE CLAIMANT IS ALLOWED BENEFITS BASED ON THIS DETERMINATION.

THE EMPLOYER: IN ACCORDANCE WITH KRS 341.330(2)(3), BENEFITS PAID MUST BE REIMBURSED BY THIS EMPLOYER.

APPEAL RIGHTS

EITHER THE CLAIMANT OR EMPLOYER MAY APPEAL THIS DETERMINATION TO THE REFEREE. THE APPEAL MUST BE IN WRITING, CLEARLY INDICATING YOUR INTENTION TO AND REASON FOR APPEAL, AND DELIVERED TO A REPRESENTATIVE OF THE DIVISION, OR MAILED AND POSTMARKED BY 12/07/95. (IF APPEALED BY MAIL, INCLUDE YOUR NAME AND SOCIAL SECURITY NUMBER.) IF THE OFFICE IS LEGALLY CLOSED ON THIS DATE, YOU HAVE UNTIL THE NEXT BUSINESS DAY TO FILE THE APPEAL. KRS 341.420(2) AND 787 KAR 1:110

SPECIAL NOTICE TO THE CLAIMANT: WHILE YOUR CLAIM IS IN THE PROCESS OF APPEAL, YOU MUST CONTINUE TO CLAIM BENEFITS AS DIRECTED BY YOUR LOCAL OFFICE. IF THE DECISION IS IN YOUR FAVOR, YOU WILL ONLY BE PAID BENEFITS THAT ARE PROPERLY CLAIMED AND FOR WHICH YOU ARE OTHERWISE ELIGIBLE.

SIGNED Carole Steen  
CAROLE STEEN

Figure 13. Sample Nonmonetary Determination (Separation - Lack of Work)

Maine Department of Labor  
Separation Decision and Charge Notice

JAN 28 1997

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Doe, Jane	SOC SEC NUM NAVY 000-00-0000 BENEFIT YEAR 01/04/98	009242300
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**FINDINGS OF FACT:**  
CLAIMANT WAS LAID OFF DUE TO LACK OF WORK ON 09/30/96.

**REASONING:**  
CHAPTER 11 OF THE COMMISSION RULES PROVIDES IN PART THAT DETERMINATIONS THAT SEPARATION WAS DUE TO LACK OF WORK SHALL BE IN WRITING AND SHALL BE SENT TO THE CLAIMANT AND THE CLAIMANT'S MOST RECENT EMPLOYER. THIS IS THE CLAIMANT'S AND EMPLOYER'S NOTICE THAT SEPARATION WAS DUE TO LACK OF WORK.

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**Notice of Potential Benefit Charge**

**Employer:** AS A DIRECT REIMBURSEMENT EMPLOYER, YOU WILL BE ASSESSED YOUR PROPORTIONATE SHARE OF BENEFITS PAID.

---

**Appeals Information**

This Decision dated and mailed 01-23-97  
Decision becomes final unless appealed on or before 02-07-97

If you have any questions about this decision, inquire at your local employment office promptly. If you believe this decision is not in accordance with the facts or pertinent sections of law, you may file an appeal.

Appeals may be filed by visiting the local office in person or by writing a letter to the local office stating your desire to appeal. The date of your visit to the office or the postmark date of your letter will be used to establish the date of your appeal.

Appeals must be filed within 15 days of the date the decision was mailed. The date mailed and final date are shown above. If your appeal is not filed within 15 days, an additional 15 days may be allowed if you have good cause for the late filing.

---

THIS DECISION RENDERED UNDER SECTIONS 1193 AND 1221 OF THE MAINE EMPLOYMENT SECURITY LAW AND CHAPTER 11 OF THE COMMISSION RULES.

---

Figure 14. Sample Nonmonetary Determination (Wages - Pension)

STATE OF COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT P.O. BOX 8988 DENVER, COLORADO 80201-8988	
Department of the Army	
Claimant's Social Security Number	Date Mailed
111-11-1111	10/17/95
Employer Account Number	Benefit Year Ending Date
252422007	09/14/96
Employer Charging Information	Deputy ID
	Issue ID
	0336
	04

Doe, John  
PO BOX 602  
PLUMMER ID 83851

---

**NOTICE OF DECISION**

---

LEGAL CITATION: COLORADO EMPLOYMENT SECURITY ACT  
8-73-110 (3) (A)

DECISION:  
YOU ARE RECEIVING \$ 300.00 EACH WEEK AS A PENSION, RETIREMENT OR SIMILAR PERIODIC PAYMENT FROM A BASE PERIOD EMPLOYER. THIS EQUALS OR EXCEEDS YOUR WEEKLY BENEFIT AMOUNT. THEREFORE, YOU ARE NOT ELIGIBLE FOR A BENEFIT PAYMENT FOR ANY WEEK YOU RECEIVE SUCH PAYMENT. NO PAYMENTS WILL BE MADE UNTIL ALL DISQUALIFYING ISSUES ARE RESOLVED.

YOUR CLAIM IS DISALLOWED FROM 09/17/95 TO 09/14/96.

THIS DECISION BECOMES FINAL UNLESS A WRITTEN APPEAL IS FILED WITHIN FIFTEEN (15) CALENDAR DAYS FROM THE "DATE MAILED" ABOVE. IF YOU FILE AN APPEAL ON THIS DECISION, CONTINUE TO MAIL YOUR CLAIM FORMS AS INSTRUCTED WHILE THE APPEAL IS BEING PROCESSED.

Figure 15. Sample Nonmonetary Determination (Wages - Vacation Pay)

Maine Department Of Labor BUREAU OF EMPLOYMENT SECURITY		Employer Copy	
DEPUTY'S DECISION			
Doe, Jané , MT DESERT DR BANGOR ME 04401 0000		Social Security No 111-11-1111	Program UI-REG
		Benefit Year Ending 12-24-95	Report Code 02-90 \$ 54.00
		Continued Claim for week(s) ending 10-07-95	Dec No 11
<p><b>FINDINGS OF FACT:</b>                      The claimant is entitled to receive, is receiving, or has received vacation pay in the amount of \$ 280.00 that applies to the week ending 10/07/95.</p> <p><b>REASONING:</b>                      Section 1193,5 of the Maine Employment Security Law provides that an individual shall be disqualified for benefits for any week with respect to which he is receiving, is entitled to receive or has received remuneration in the form of dismissal wages, wages in lieu of notice, terminal pay, vacation pay or holiday pay. If the remuneration is less than the benefits which would otherwise be due, then he shall be entitled to receive benefits reduced by the amount of the remuneration, rounded to the nearest lower full dollar amount.</p> <p><b>CONCLUSION:</b>                      The claimant is entitled to vacation pay that applies to the week ending 10/07/95 which is in excess of his weekly benefit amount. He is disqualified from receiving benefits from 10/01/95 to 10/07/95.</p>			
<p>Claimant's Attachment: Me. BD-2.17</p>			
<p>NOTE the time limit governing appeals                      (See next page for important instructions) Dated and Mailed 10-17-95</p> <p>This decision becomes final unless appealed on or before 11-01-95                      An additional 15 days to appeal may be allowed for good cause</p>			
AIR FORCE, DEPARTMENT OF THE		This decision was determined under Sections 1193,5 of Maine Law	
BUREAU OF EMPLOYMENT SECURITY			

Figure 16. Sample Notice of Receipt of Appeal

**NOTICE OF RECEIPT OF APPEAL**

State of New Jersey Department of Labor Division of Programs CN 936 Labor Building Trenton, New Jersey 08625-0936	SS#: Docket No.: 95-A-27963-000-XO LO: 999 PC: 20 DOC: 95/07/23 Appellant: Claimant Mailing Date: 10/19/95
----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

**APPEAL TRIBUNAL  
IN THE MATTER OF:**

John Doe

Department of Defense

The appellant's communication has been received and is under consideration by the Appeal Tribunal as an appeal from an agency determination.

All interested parties will be advised of whatever action is taken in this matter at the earliest possible date.

Mary Sieber  
Chief Appeals Examiner  
Appeal Tribunal

**NOTE TO THE CLAIMANT:** If you are claiming Unemployment Compensation, you should continue to report as required by the local unemployment insurance claims office as long as you are unemployed and believe you are eligible to receive benefits. **PLEASE NOTIFY THE APPEAL TRIBUNAL, IN WRITING, AT THE ADDRESS ABOVE IF YOU:** 1) change your mailing address, 2) plan on bringing legal or other representation to the hearing, or 3) require subpoenas.

**NOTE TO EMPLOYER:** If you plan on bringing legal or other representation to the hearing, please notify the Appeal Tribunal, in writing, at the above address.

**IMPORTANT:** All correspondence should include the claimant's social security number and/or the docket number listed above.



Figure 17. Sample Notice of Hearing, continued

**READ THESE INSTRUCTIONS CAREFULLY**

This hearing shall be conducted by an impartial Administrative Law Judge and shall be recorded for further review in the event that the Judge's decision is appealed. All testimony will be taken under oath or affirmation. Hearings shall be scheduled to be conducted by telephone when any party is 50 miles or more from the hearing site in order to save time and to allow parties to participate in the same hearing where it would not be practical for them to travel to a common hearing location. All other hearings shall be conducted in person at the stated location of the Employment Security Office.

**HEARING PROCEDURES**

All parties are expected to appear at the stated hearing location no later than the scheduled starting time shown on the notice of hearing. In the case of an in-person hearing, the names of the parties will be called in the waiting room of the Employment Security Office. When a telephone hearing has been scheduled for any or all parties, the Judge shall telephone the party/parties at the scheduled hearing time. If the appealing party fails to appear at an in-person hearing within (15) minutes after the scheduled hearing time OR fails to be available to receive the call at the scheduled hearing time of a telephone hearing, the Judge shall NOT proceed with a hearing and shall instead order the appealing party in default and dismiss the appeal. If any other party fails to appear at an in-person hearing at the scheduled hearing time or fails to be available to receive the call at the scheduled hearing time of a telephone hearing, the Judge shall proceed to conduct the hearing without such party and make a decision without such party's testimony or evidence. REMEMBER THAT THE TIME SHOWN ON THE HEARING NOTICE IS LOUISIANA TIME (CENTRAL TIME ZONE).

**REPRESENTATIVES**

You may be represented by an attorney or have witnesses at the hearing. The burden of proof in a voluntary leaving issue rests upon the claimant. The burden of proof in a discharge case rests upon the employer. The party upon whom the burden of proof lies must decide if it is necessary to have witnesses available to prove their case. For instance, an unsworn statement is not sufficient to rebut sworn testimony. The hearing officer will not, on his or her own motion, mandate that a party either have legal representation or produce witnesses. It is your responsibility to notify the Appeals Tribunal and have your representatives and/or witnesses at the number at which you will be called or with you at an in-person hearing. FEES FOR REPRESENTATION MUST BE APPROVED BY THE ADMINISTRATOR OF THE LOUISIANA DEPARTMENT OF LABOR.

**SUBPOENAS**

Witnesses who are reluctant to appear for the hearing at your request may be subpoenaed by the Judge. Requests for subpoenas must be submitted in writing and shall contain the name and home address of the witness and a specific statement of what is intended to be proven by his or her testimony. Such requests must be received at least 72 hours before the time of the scheduled hearing, excluding holidays and weekends.

**EXHIBITS**

Exhibits (written documents) which you want included in the hearing should be mailed as soon as possible to the Judge or brought with you to an in-person hearing. In matters involving health, a doctor's certificate should be sent to the Judge. Do not bring or mail the Judge a statement of your case. During the hearing you may refer to notes, but you will not be allowed to read your testimony.

**WITHDRAWAL**

The appellant may withdraw the appeal by sending a written request to the Judge prior to the time of the scheduled hearing.

**POSTPONEMENTS**

If either party or his representative or witness is unable to attend the hearing (or be available for a telephone hearing), the party may request a postponement or continuance of the hearing. The request for postponement shall be submitted to the Administrative Law Judge and should provide a showing of good cause in writing. Any request for postponement or continuance received by the Administrative Law Judge after the hearing decision is mailed shall be denied.

During a telephone hearing, remember that the equipment being used does not permit more than one person to speak at a time. If the connection is broken and you are cut off, hang up your telephone and the Judge will call you back. Be prepared to present all testimony and evidence at the hearing as the Judge cannot accept additional evidence after the hearing is closed unless good cause is shown to reopen the hearing.

**IF YOU NEED ADDITIONAL INFORMATION, CONTACT THE NEAREST APPEALS TRIBUNAL.**

Figure 18. Sample Questions for Appeal Hearings

DISCHARGE SITUATIONS - GENERAL QUESTIONS

For the employer's witness:

What was the final incident that resulted in the discharge?  
What was the rule or policy that was violated or not followed by the employee?  
How was the employee notified of this policy?  
Was the policy consistently enforced in the office?  
Was the employee aware that he or she could be discharged for violating the policy?  
How was the employee informed that he or she could be discharged? (For example, if the employee had previously been suspended, the Notice of Suspension should have indicated that further misconduct could result in additional disciplinary action up to and including removal).  
Had the employee received any warnings (written or verbal), letters of reprimand, or suspension concerning the policy in question?

For the employee:

Were you aware of the specific policy that resulted in your discharge?  
Were you aware that you could be discharged for violation of this policy?  
Had you received any warnings about your conduct?

DISCHARGE SITUATIONS - SPECIFIC QUESTIONS: AWOL

For the employer's witness:

What dates was the employee charged with being AWOL?  
Did the employee call in to request leave on those days?  
If so, was leave approved? If leave was not approved, why wasn't it approved?  
What is the office policy about calling in?  
Was the employee required to call in to request leave from a specific person?  
Was the employee aware of the policy?  
How would the employee have been aware of the policy?  
Was the employee verbally informed of the policy or was the policy in writing?  
If the leave approving official was not available, was a procedure in place for the employee to call an alternate person?

For the employee:

Were you absent from work on the days specified?  
Why were you absent on those days?  
Were you required to call in to request leave when you were absent?  
Did you call in on those days?  
If you didn't, why didn't you?  
If you did call do you know why your leave wasn't approved?  
Did you report to work after you were informed that your leave would not be approved?  
Were you aware that you were required to call in and request leave from a certain person?  
Had you previously received any warnings about your attendance?  
Were you aware that you could be discharged if you continued to be AWOL?

Figure 18. Sample Questions for Appeal Hearings, continued

DISCHARGE SITUATIONS - SPECIFIC QUESTIONS: FALSIFICATION OF APPLICATION FOR EMPLOYMENT

For the employer's witness:

What document was falsified?

How was the application falsified?

When did the employer become aware that the application for employment had been falsified?

What information was provided by the employee on the application?

How was it discovered that this information was not correct?

What action was taken when it was discovered the application had been falsified?

Was the employee aware that he or she could be discharged for falsifying an application for employment?

How would the employee have been aware of this?

For the employee:

Were you aware that you could be discharged for providing false information on your application for employment?

Did you read the certification on the application that indicates action could be taken against you for providing false information on your application?

VOLUNTARY QUIT SITUATIONS - GENERAL QUESTIONS

For the employer's witness:

Did the employee provide any notice that he or she was resigning?

What reason did the employee provide as the reason for resignation?

Had the employee notified his or her supervisor of this reason prior to resigning?

Did the employee provide the employer with an opportunity to change the conditions of employment (for example, work hours or location of position) prior to resigning?

Did the employee pursue all available alternatives prior to resigning?

Did the employee request a leave of absence prior to resigning?

Did the employee request a transfer?

Did the employee file a grievance, EBO, or discrimination complaint?

Did the employee discuss the problem with his or her supervisor?

If the problem was with the supervisor, did the employee discuss the problem with the second level supervisor or the personnel specialist?

What were the conditions of employment under which the employee was hired?

Had there been any change in the conditions?

How would the employee have been aware of the conditions? (For example, position description, vacancy announcement, verbally told during the interview).

Was the employee told his or her position was going to be terminated?

If the employee had not resigned, would there have been continuing work available?

Figure 18. Sample Questions for Appeal Hearings, continued

VOLUNTARY QUIT SITUATIONS - GENERAL QUESTIONS, CONT'D

For the employee:

What was the reason you gave for resigning?

Did you inform your supervisor or personnel specialist of this reason prior to resigning?

Did you provide any notice that you were going to resign?

Did you request a leave of absence or transfer prior to resigning?

Did you pursue any rights available to you such as filing a grievance or EEO complaint?

Were you aware of the conditions of employment at the time you were hired?

Had there been any change in the conditions of your employment?

Had your employer indicated your position was going to be terminated?

Could you have continued to work if you had not resigned?

How long could you have continued to work if you had not resigned?

VOLUNTARY QUIT SITUATIONS - SPECIFIC QUESTIONS: VSIP

For employer's witness:

When did the employee first indicate that he or she was interested in applying for a VSIP?

What information was contained in the application for the VSIP?

When was the application submitted?

Had the employee been informed that he or she was going to be terminated if they did not voluntarily separate to accept the VSIP?

Was a reduction in force (RIF) going to be put into effect?

How would a RIF have affected the employee's employment?

Did the employee have retention rights if a RIF was put in place?

If so, what were the retention rights?

Could the employee have continued to work if he or she did not voluntarily separate to accept the VSIP?

If so, how long could the employee have continued to work?

If the employee was going to be separated due to a RIF, how much would the individual have been eligible to receive in severance payment?

Would this amount have been equal to or greater than the amount of the VSIP?

For the employee:

What was the reason you gave for separating?

Were you told that your position was going to be terminated?

If so, when would the termination have been effective?

Could you have continued to work until then?

Why did you decide to resign or retire?

Could you have continued to work if you had not opted to voluntarily separate from your position?



Figure 19. Sample Hearing Official's Decision, continued

APPEAL NO. 8826 UC 95

(3) The claimant found her living arrangement in Minnesota stressful. The claimant could not afford to live in Minnesota by herself. Therefore, she relocated to Illinois where she could live with a friend.

(4) On October 13, 1995 the department determined that the claimant voluntarily separated from her employment without good cause attributable to the employer, and she was disqualified from receiving benefits. On October 19, 1995 the claimant appealed the determination.

**REASONS FOR DECISION:** The Minnesota economic security law at Section 268.09, Subdivision 1, in part provides that:

"An individual separated from any employment under paragraph (a), . . . shall be disqualified for waiting week credit and benefits. For separations under paragraphs (a) . . . the disqualification shall continue until four calendar weeks have elapsed following the individual's separation and the individual has earned eight times the individual's weekly benefit amount in insured work.

(a) The individual voluntarily and without good cause attributable to the employer discontinued employment with such employer. . . ."

A claimant who has voluntarily left work must show that the separation was for good cause attributable to the employer. If this is not done, that claimant will be disqualified. "Good cause attributable to the employer" is found when the employer violated the employment relationship in a substantial way, or otherwise treated the claimant unreasonably.

The record does not show that the employer treated the claimant wrongly, or unreasonably. There is no proof that the employer failed in any duty it owed to the claimant. The claimant has not shown good cause attributable to the employer for the voluntary separation from work.

The claimant may have shown good personal cause for leaving this employment. However, the statute provides for the payment of reemployment insurance only if there is good cause "attributable to the employer." In the present case, the claimant's reasons for leaving employment were not attributable to the employer.

**DECISION:** On September 2, 1995 the claimant quit this job without good cause attributable to the employer. The claimant is disqualified until (1) the claimant has earned eight times the weekly benefit amount in insured work; and (2) four calendar weeks have gone by after the separation. Benefits paid, if any, to the claimant shall be reimbursed to the fund. Title V, Chapter 85, Section 8505 of the U.S. Code requires Federal reimbursement for benefits paid based on Federal wages.

Richard Mandell  
Reemployment Insurance Judge

mc

**Please Note:** All questions regarding benefit payments should be directed to the office servicing your claim.

Figure 20. Sample Second-Level Appeal Decision

Angus S. King, Jr.  
Governor

FEB 07 1997

Unemployment Insurance Commission  
John B. Wlodkowski, Chairman  
Marvin W. Ewing, Labor Representative  
James A. Hilly, Employer Representative

**MAINE DEPARTMENT OF LABOR  
UNEMPLOYMENT INSURANCE COMMISSION**

175 Lancaster Street, Room 220, P.O. Box 856  
Portland, Maine 04104-0856  
Telephone (207) 822-0200 FAX (207) 822-0205

COMMISSION DECISION

No. 97-C-00451

John Doe  
P. O. Box  
Portland, ME 00000

Claimant's Name and Address  
000-00-0000

S.S. No. \_\_\_\_\_

**FINDINGS OF FACT:**

This case comes before the Commission as a result of the claimant's request for reconsideration of Commission Decision No. 96-C-08723, which affirmed and adopted Administrative Hearing Officer Decision No. 96-A-08192, disqualified the claimant for benefits, and established an overpayment to his benefit account in the amount of \$1,661. The Commission has reviewed the record in this case and determines that further hearing is not warranted. Further, the Commission has voted to affirm the prior decision in this case. Any further appeal on your part must be commenced in the Superior Court of Kennebec County, Cumberland County, or the county in which one or more of the petitioners reside or have their principal place of business.

Pursuant to 26 M.R.S.A. Section 1051(5), a waiver of the overpayment may be requested by the claimant in accordance with the procedures stated in the attached memorandum.

United States Navy  
Bldg 3912  
Portsmouth Naval Shipyard  
Portsmouth, NH 03804-5000

Employer's Name and Address

**IMPORTANT:**

FEB 5 1997

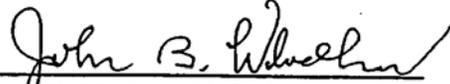
This decision mailed on \_\_\_\_\_  
Please read the attached notice which specifies your appeal rights under the Law of this decision. If you have any questions concerning this decision, contact your local employment office.

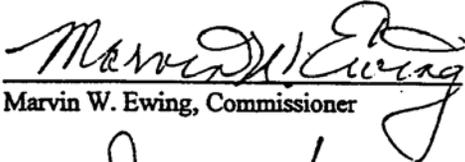
Me. A-13 (Rev. 12/95)

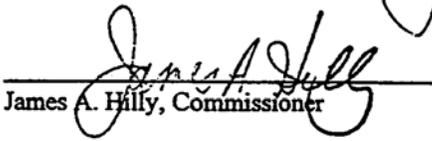
Figure 20. Sample Second-Level Appeal Decision, continued

Commission Decision No. 97-C-00451 Page Two

Dated at Portland, Maine, this 5th day of February, A. D., 1997.

  
John B. Wlodkowski, Chairman

  
Marvin W. Ewing, Commissioner

  
James A. Hilly, Commissioner

Copies mailed to:  
Claimant  
Employer  
Deputy

rc

Figure 21. Sample Quarterly Detail of UCFE Charges

000122-R

STATEMENT OF BENEFIT CHAR  
STATE OF WASHINGTON  
EMPLOYMENT SECURITY DEPARTMENT

11/25/96  
-----  
OCT 18 1996

THIS IS NOT A BILL

UNIFIED BUSINESS IDENTIFIER  
601 137 151 000

A Defense Agency

CLAIMANT SN NUMBER	CLAIMANT NAME	BASE YEAR BEGINS	ENT CD	TOTAL BENEFIT PYMTS	ACCOUNT CHARGE OR CREDIT
	LOAR C:	04/01/94		93-	93.00-
	KATRAS R'	04/01/95		1,786	1,267.70
	FINO L	01/01/95		2,296	2,296.00
	CONRAD K	04/01/95		1,825	1,825.00
	BATTISTA J	01/01/95		2,800	2,800.00
	CATES M:	04/01/94		1,021	1,021.00
	CRAFT S:	04/01/94		1,052	1,052.00
	MCATEER C	01/01/95		0	214.00-
	LESHKEVICH J:	04/01/95		434	284.27
	MORGAN R	01/01/95		4,200	4,200.00
	RODARMEL C:	01/01/95		3,766	3,766.00
	SPRING C:	07/01/94		0	8,050.00-
	SMITH M	04/01/95		346	310.20
	GREEN S	10/01/94		3,640	3,640.00
	ZAND G'	07/01/94		994	994.00
	CORPUZ M	10/01/94		2,989	2,989.00
	FORNEY A	04/01/95		1,104	1,104.00

REFERENCE NO DTD  
97 02 050  
-----|-----|  
MAILING QUARTER  
DATE ENDING DATE  
-----|-----|  
10/14/96 09/30/96

Figure 22. Sample Statement of Expenditures of Federal Funds for Reimbursable UC Benefits Paid to UCFE Claimants

U.S. DEPARTMENT OF LABOR  
EMPLOYMENT AND TRAINING ADMINISTRATION  
WASHINGTON, D.C. 20210

ORIGINAL \*\*\*\*\* INVOICE: \*\*\*\*\*

STATEMENT OF EXPENDITURES OF FEDERAL FUNDS FOR REIMBURSABLE  
UNEMPLOYMENT COMPENSATION BENEFITS PAID TO UCFE CLAIMANTS

AGENCY CODE: (Civilian), Department of the QTR: Oct/Nov/Dec  
INITIAL BILLING FY: 1997

STATE	BENEFITS PAID	STATE	BENEFITS PAID
1 ALABAMA	\$25,743.00	28 NEBRASKA	\$8,584.00
2 ALASKA	\$106,417.00	29 NEVADA	\$24,236.00
3 ARIZONA	\$25,991.00	30 NEW HAMPSHIRE	-\$40.00
4 ARKANSAS	INA	31 NEW JERSEY	INA
5 CALIFORNIA	\$359,422.00	32 NEW MEXICO	\$29,115.00
6 COLORADO	\$43,124.00	33 NEW YORK	\$65,073.00
7 CONNECTICUT	\$20,179.00	34 NORTH CAROLINA	INA
8 DELAWARE	\$19,983.00	35 NORTH DAKOTA	\$27,138.00
9 DISTRICT OF COL	\$36,000.00	36 OHIO	\$172,805.00
10 FLORIDA	\$81,009.00	37 OKLAHOMA	\$49,912.00
11 GEORGIA	\$120,435.00	38 OREGON	INA
12 HAWAII	\$102,092.00	39 PENNSYLVANIA	\$74,349.00
13 IDAHO	\$15,099.00	40 PUERTO RICO	\$1,898.00
14 ILLINOIS	\$59,225.00	41 RHODE ISLAND	\$13,323.00
15 INDIANA	\$3,505.00	42 SOUTH CAROLINA	\$10,509.00
16 IOWA	\$4,590.00	43 SOUTH DAKOTA	\$6,069.00
17 KANSAS	\$29,242.00	44 TENNESSEE	\$23,780.00
18 KENTUCKY	\$8,317.00	45 TEXAS	\$427,529.00
19 LOUISIANA	\$11,255.00	46 UTAH	\$56,509.00
20 MAINE	\$26.00	47 VERMONT	\$8,799.00
21 MARYLAND	\$29,941.00	48 VIRGIN ISLANDS	0
22 MASSACHUSETTS	\$51,952.00	49 VIRGINIA	\$29,014.00
23 MICHIGAN	\$27,279.00	50 WASHINGTON	\$50,025.00
24 MINNESOTA	\$11,015.00	51 WEST VIRGINIA	\$990.00
25 MISSISSIPPI	\$37,507.00	52 WISCONSIN	\$3,588.00
26 MISSOURI	\$16,460.00	53 WYOMING	\$5,306.00
27 MONTANA	\$18,078.00		
1/TOTAL BENEFITS PAID SHOWN ABOVE		\$2,352,397.00	

=====  
 CERTIFICATION - I HEREBY CERTIFY THAT THE AMOUNT OF EXPENDITURES SET FORTH HEREIN WAS FOR THE PAYMENT OF UNEMPLOYMENT COMPENSATION TO UCFE CLAIMANTS.  
 =====

SIGNATURE AND TITLE: *Grace A. Kilbane* DATE: 02/20/97  
 GRACE A. KILBANE, DIRECTOR  
 UNEMPLOYMENT INSURANCE SERVICE

=====  
 1/ THE FEDERAL EMPLOYEES COMPENSATION (FEC) ACCOUNT SHOULD BE REIMBURSED IN THIS AMOUNT WITHIN 30 DAYS OF THE CERTIFICATION DATE.  
 NOTE: INA APPLIES TO THOSE STATES FOR WHICH CHARGES HAVE NOT BEEN REPORTED TO THE DEPARTMENT OF LABOR.

Figure 23. Sample ES-931A, "Request for Separation Information for Additional UCFE Claim"

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY Division of Employment Security Bureau of Unemployment Compensation Request for Separation Information for Additional Claim - UCFE		Local Office		
		Pensacola		
		Date A/C Filed	New Claim Filed	Date of Request
		10/22/95	2/5/95	10/25/95
<b>SECTION I. IDENTIFICATION DATA</b>				
1. NAME (Last, First, Middle; Maiden, if any)		2. SOCIAL SECURITY NUMBER(S)		3. DATE OF BIRTH
Doe, Jane		111-11-1111		8/10/50
4. POSITION TITLE		5. PLACE OF EMPLOYMENT (City, State or Country)		
Supervisor		Pensacola, Florida		
6. a. Is payroll office address based on SF-8?		7. Claimant states he was:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. <input checked="" type="checkbox"/> regular full-time employee		
b. If "No," does claimant state he received SF-8?		b. <input type="checkbox"/> intermittent or part-time employee		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
8. The above claimant has reopened his current claim for unemployment compensation.				
He has indicated he worked for your agency during the following period:				
				From 3/13/95 To 10/20/95
<b>SECTION II. FEDERAL AGENCY REPLY</b>				
INSTRUCTIONS: Federal Agency to complete Section II and III and return original within four days. (Use reverse side for mailing in window envelope, fold to "Return" address.)				
1. FEDERAL CIVILIAN SERVICE (Always complete this item.)				
a. Did this person perform "Federal civilian service" (as defined for UCFE purposes) for your agency on or after the new claim date shown above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b. If "No," explain why this person's service was not Federal civilian service:				
2. IDENTIFICATION: If this person's identifying information (e.g. SSA number or date of birth) listed above is different from that shown on his SF-50 or other separation document, record information from your agency's records:				
3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION				
a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the the new claim date shown above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(2) If "Yes" or if currently entitled to such a payment, show for the most recent payment (or entitlement) since such date:				
(3) Amount of Payment	(4) Date of Payment	(5) Amount of Terminal Annual Leave		(6) Period of Terminal Leave
\$1,000	11/10/95	Days	Hours	
(7) Number of Duty Hours (workday)	(8) Hours (basic workweek)	5	40	Time   Date
8	40			From 8:00 - 10/23
				To 5:00 11/3
b. Date of Separation		c. Date of last day of active pay status (including annual and sick leave) if earlier than date of separation or if employee not separated.		
d. Reason for separation or nonpay status: (Obtain findings from SF-50, Item 12, "Nature of Action," and Item 30, "Remarks," or if SF-50 not used, record equivalent information from other separation document(s) your agency uses. See the "Federal Personnel Manual" for standards. If payroll office records are incomplete or inadequate, based on need for Form ES-934 in similar cases, refer request to personnel office. Attach copies of documents, if appropriate.)				
<b>SECTION III. CERTIFICATION</b>				
1. I CERTIFY THAT I have examined this report which constitutes the findings of this agency and, to the best of my knowledge, it is a correct and complete report.				
2. SIGNATURE OF OFFICIAL		3. TITLE	4. DATE	
5. NAME OF PARENT FEDERAL AGENCY		6. ADDRESS OF PAYROLL OFFICE		
Department of the Navy FIC 423		Naval Air Station 368 South Avenue		
		Building 01 Code 09		
		Pensacola, FL 32508-1524		

LES Form ES-931-A (UCB-93-A)  
 (Rev. 4-79) 5322

Figure 24. Sample ES-933, "Request for Information Regarding Claims Filed Under the Federal Employees' Compensation Act"

(STATE AGENCY NAME)  
REQUEST FOR INFORMATION REGARDING CLAIMS FILED  
UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT

LOCAL OFFICE:	DATE OF REQUEST:	DATE CLAIM FILED:	DATE A/C FILED:
---------------	------------------	-------------------	-----------------

**SECTION I. IDENTIFICATION DATA**

NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY))	FEDERAL EMPLOYING AGENCY (INCLUDE COMPLETE ADDRESS)
SOCIAL SECURITY NUMBER ____/____/____	PLACE OF EMPLOYMENT (CITY, STATE OR COUNTRY)
BIRTH DATE (MM/DD/YY)	POSITION TITLE

**SECTION II. FEDERAL AGENCY REPLY**

INSTRUCTIONS: FEDERAL AGENCY TO COMPLETE AT LEAST ITEM 1 OF SECTION II AND RETURN COPY TO STATE AGENCY AS SOON AS POSSIBLE; EXTENSIVE DELAY MAY CAUSE UNNECESSARY POSTPONEMENT OF UNEMPLOYMENT BENEFITS OR RESULT IN OVERPAYMENT OF SUCH BENEFITS.

1. HAS THE ABOVE EMPLOYEE FILED A CLAIM FOR FEDERAL EMPLOYEES' COMPENSATION?  YES  NO

2. IF CLAIM FILED,  
 A. DATE CLAIM FILED (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_      B. CLAIM IS/WAS:  APPROVED  REJECTED  PENDING

NOTE: IF CLAIM IS "PENDING," PLEASE RETURN ONE COPY OF THIS FORM TO THE STATE AGENCY (ADDRESS ON REVERSE) COMPLETED THROUGH ABOVE ITEM. SUBSEQUENTLY, WHEN A DECISION HAS BEEN MADE, PLEASE FURNISH (ON SECOND COPY OF THIS FORM) APPROPRIATE, COMPLETE INFORMATION AND SEND IT TO THE STATE AGENCY.

3. IF CLAIM WAS APPROVED  
 A. RATE OF COMPENSATION \$ \_\_\_\_\_  
 B. RATE IN ITEM 3.A. IS FOR:  1 WEEK  2 WEEKS  1 MONTH  
 C. DATE COMPENSATION BEGAN (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 D. ENDING DATE (IF KNOWN) (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

4. DESCRIBE THE DISABILITY FOR WHICH COMPENSATION WAS CLAIMED OR APPROVED IN TERMS OF NATURE, DEGREE, AND EXPECTED DURATION:

5. LIST COMPENSATION PAID FOR THE PAST PERIODS WITH RESPECT TO WEEK-ENDING DATES SHOWN BELOW. (IF NONE SHOWN, INFORMATION IS NOT NEEDED BY THE STATE AGENCY.)

WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT
_____	\$ _____	_____	\$ _____	_____	\$ _____

REMARKS:

**SECTION III. CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS REQUEST AND THAT THE ABOVE INFORMATION WAS OBTAINED FROM OFFICIAL RECORDS OF THE FEDERAL AGENCY (USE ADDRESS ON REVERSE)

SIGNATURE OF OFFICIAL	TITLE	DATE	PHONE
-----------------------	-------	------	-------

NAME OF THIS FEDERAL AGENCY (IF DIFFERENT THAN SHOWN IN SECTION I)      ADDRESS OF THIS OFFICE (IF DIFFERENT FROM THAT SHOWN ON REVERSE)

**VII-7** **APRIL 1994**

TO BE COMPLETED BY THE DEPARTMENT OF LABOR, OWCP

Figure 25. Sample ES-934, "Request for Reconsideration of Federal Findings - UCFE"  
(Wage Information Request)

STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT REQUEST FOR INFORMATION OR RECONSIDERATION OF FEDERAL FINDINGS UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE)																			
SECTION I. IDENTIFICATION DATA																			
1. NAME (Last, First, Middle, Maiden, if any) <b>Doe, John</b>	2. SSA NO.(s) <b>111-11-1111</b>	3. DATE OF BIRTH <b>7/1/48</b>																	
4. CLAIMANT STATES HE WAS: a. <input type="checkbox"/> Regular full-time employee b. <input type="checkbox"/> Intermittent or part-time employee	5. POSITION TITLE <b>Clerk</b>	6. PLACE OF EMPLOYMENT (City, State, or County) <b>Sacramento, CA</b>																	
<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Department of the Army                      Sacramento Army Depot                      Attn: SDSSA-CP                      Sacramento, CA 95813-5005                 </div>		7. REQUEST DATE OF ("X" one and insert appropriate date) <input type="checkbox"/> ES-931 <input checked="" type="checkbox"/> ES-931A <b>10/11/95</b>																	
		8. I request <input checked="" type="checkbox"/> reconsideration or <input type="checkbox"/> additional information about the following findings: <input type="checkbox"/> a. Federal civilian service <input checked="" type="checkbox"/> b. Federal civilian wages <input type="checkbox"/> c. Periods of Federal civilian service <input type="checkbox"/> d. Reason for separation <input type="checkbox"/> e. Other (Specify)																	
9. REASONS FOR REQUEST: (Be specific; if additional space is needed, use continuation sheet)																			
<p style="text-align: center;"><u>Disagree with wages provided for 2nd quarter 1994. Wages were reported as \$5,000 for the quarter. Pay stubs equal \$5,700.</u></p>																			
List the supporting documents which were submitted by the claimant to substantiate his request. (Duplicate copies may be attached).																			
CLAIMANT'S SIGNATURE	DATE	DEPARTMENT REPRESENTATIVE	DATE																
SECTION II. FEDERAL AGENCY REPLY (RETURN IN FOUR DAYS)																			
<b>INSTRUCTIONS:</b> Complete Section II and return within four days. Failure to do so may result in a delay in payment of benefits, or delay in notification of non-entitlement.																			
CHECK "X" APPROPRIATE BLOCK AND EXPLAIN: <input type="checkbox"/> a. Additional information <input checked="" type="checkbox"/> b. Reconsideration of findings																			
<p style="text-align: center;"><u>Adjustment had been made to the wages. Correct wages for the quarter ending June 30, 1994 are equal to \$5,708.</u></p>																			
I certify that I have examined this report which constitutes the findings of this agency, and to the best of my knowledge and belief it is a true, correct, and complete report.																			
MAIL TO: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>  (Field Office Stamp) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Signature of official</td> <td colspan="2">Date</td> </tr> <tr> <td>Title</td> <td colspan="3">Name of parent federal agency (e.g., Dept. Army, FPC, NASA)</td> </tr> <tr> <td colspan="4">Dept. of the Army</td> </tr> <tr> <td colspan="4">Address of payroll office if different from that shown above</td> </tr> </table>		Signature of official		Date		Title	Name of parent federal agency (e.g., Dept. Army, FPC, NASA)			Dept. of the Army				Address of payroll office if different from that shown above			
Signature of official		Date																	
Title	Name of parent federal agency (e.g., Dept. Army, FPC, NASA)																		
Dept. of the Army																			
Address of payroll office if different from that shown above																			
ES 934 Rev. 10 (2-90)																			

Figure 26. Sample ES-934, "Request for Reconsideration of Federal Findings - UCFE"  
(Separation Information Request)

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF UNEMPLOYMENT COMPENSATION BUREAU OF CLAIMS AND BENEFITS REQUEST FOR INFORMATION OR RECONSIDERATION OF FEDERAL FINDINGS - UCFE		LOCAL OFFICE NUMBER <u>Orlando</u>
TO: Department of the Navy Naval Air Warfare Center 12350 Research Parkway Orlando, FL 32826-3224		
<b>SECTION I. IDENTIFICATION DATA</b>		
1. NAME (Last, First, Middle; Maiden, if any) Doe, John	2. SOCIAL SECURITY NUMBER(S) 111-11-1111	3. DATE OF BIRTH 10/16/62
4. POSITION TITLE Program Analyst	5. PLACE OF EMPLOYMENT Orlando, FL	
6. REQUEST DATE OF ("X" one and insert appropriate date) <input checked="" type="checkbox"/> ES-931 <input type="checkbox"/> ES-931-A   9/20/95	7. "X" one only <input checked="" type="checkbox"/> Regular Full-Time Employee CLAIMANT IS <input type="checkbox"/> Intermittent or Part-Time Employee	
8. CLAIMANT REQUESTS		
<input type="checkbox"/> a. Federal civilian service	<input type="checkbox"/> b. Federal civilian wages	<input checked="" type="checkbox"/> c. Additional information
<input checked="" type="checkbox"/> d. Reason for separation.		
9. REASON(S) FOR REQUEST (Be specific; if additional space is needed, use continuation sheet)		
Need reason for the discharge.		
10. LIST OF SUPPORTING DOCUMENTS SUBMITTED BY CLAIMANT (Duplicate copy (ies) may be attached)		
11. CLAIMANT'S SIGNATURE	12. DATE	13. SIGNATURE (State Agency Representative)
14. DATE		
<b>SECTION II. FEDERAL AGENCY REPLY</b>		
<b>INSTRUCTIONS:</b> Federal agency complete Section II and return one (1) copy within 4 days.		
15. CHECK "X" APPROPRIATE BLOCK AND EXPLAIN <input checked="" type="checkbox"/> a. Additional information <input type="checkbox"/> b. Reconsideration of findings		
Discharge was due to misconduct. See attached proposal of removal, and notice of removal.		
<b>CERTIFICATION:</b> I certify that the above or attached statement has been examined by me and to the best of my knowledge, is correct and complete.		
16. SIGNATURE OF OFFICIAL	17. TITLE	18. DATE
19. NAME OF PARENT FEDERAL AGENCY (e.g., Dept. Army, FPC, Dept. Interior, NASA) Department of the Navy		20. ADDRESS OF PAYROLL (if different from address shown above)
RETURN TO: Division of Unemployment Compensation Bureau of Claims and Benefits Benefit Payments Section Caldwell Building Tallahassee, Florida 32301		
LES FORM ES-934 (UCB-94) 5/84 ***		



Figure 28. Sample ES-936, "Request for Verification of UCFE Wages and Separation Information Furnished on Form ES-931"

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF UNEMPLOYMENT COMPENSATION BUREAU OF CLAIMS AND BENEFITS REQUEST FOR VERIFICATION OF UCFE WAGE AND SEPARATION INFORMATION FURNISHED ON FORM ES-931		1. CLAIMS OFFICE  Jacksonville								
<b>SECTION I: IDENTIFICATION DATA</b>										
2. NAME (Last, First, Middle; Maiden, if any) Smith, Jane	3. SOCIAL SECURITY NUMBER(S) 111-11-1111	4. DATE OF BIRTH 8/6/52								
5. POSITION TITLE Engineer	6. PLACE OF EMPLOYMENT Jacksonville	7. DATE OF FORM ES-931 REQUEST 7/10/95								
TO: Department of the Army U.S. Army Engineer District CESAD-HR-JL P.O. Box 4970 Jacksonville, FL 32232-0019		COMPLETE SECTION II AND RETURN WITHIN 4 DAYS.								
8. SIGNATURE (State Agency Representative)	9. TITLE	10. DATE								
INSTRUCTIONS: The U.S. Department of Labor has requested us to verify periodically the accuracy of information previously furnished by Federal agencies on Form ES-931, Request for Wage and Separation Information - UCFE. Please have your payroll supervisor, certifying officer, or other authorized official personally review data from which the Form ES-931 cited above was completed in accordance with your agency's instructions pertaining to the Unemployment Compensation for Federal Employees program (5 U.S.C. 8501 et seq.).										
<b>SECTION II. FEDERAL AGENCY TO COMPLETE</b>										
1. Post "Total Employee Wages" from payroll record(s); do not copy from file copy of completed Form ES-931. If a pay record for any portion of the period covered has been sent to the National Personnel Records Center, it should be obtained before item 1b is completed and the State agency should be notified concerning the delay.										
a. Do you have a payroll record(s) for this employee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain:										
b. State agency to insert dates and Federal agency payroll office to insert wages.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">BASE PERIOD DATES</th> <th rowspan="2">TOTAL EMPLOYEE WAGES</th> </tr> <tr> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">4/1/94</td> <td style="text-align: center;">3/31/95</td> <td style="text-align: center;">\$ 32,000</td> </tr> </tbody> </table>	BASE PERIOD DATES		TOTAL EMPLOYEE WAGES	Beginning	Ending	4/1/94	3/31/95	\$ 32,000	
BASE PERIOD DATES		TOTAL EMPLOYEE WAGES								
Beginning	Ending									
4/1/94	3/31/95	\$ 32,000								
2a. Do you have a copy of the Form ES-931? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Do you have an alphabetical-by-name file of Forms ES-931? <input type="checkbox"/> Yes <input type="checkbox"/> No										
3. Was the State (or, if outside U.S., country) reported on Form ES-931, item 1b, the same as shown on SF-50, item 25, "Duty Station," or, if SF-50 is not used, the same as the duty station or equivalent entry as shown on the separation document your agency uses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
4. Do you understand that any (a) severance pay, or (b) lump-sum payment for terminal annual leave, to be reported separately on Form ES-931, is not to be included as base-period wages (see 1b above)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
5. Were the reasons for separation reported on Form ES-931, item 3d, at least as complete as the information shown in both the "Nature of Action" and "Remarks" sections of SF-50 (items 12 and 30), or equivalent document, separating this employee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  This is the minimum information required on Form ES-931. Additional facts regarding separation may be entered on Form ES-931 if agreed to by your personnel office.  If answer is "NO," indicate the source of information you used in completing item 3d of Form ES-931:										
6. Certification made on Form ES-931 (Date) <u>7/14/95</u>										
7. Do you have the instructions issued by your agency's headquarters on the UCFE program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If "No," you should request instructions through the same channels through which you obtain other payroll or personnel instructions from your agency.										
(COMPLETE REVERSE)										



Figure 29. Sample ES-939, "UCFE Program - Federal Agency Visit Report"

TO BE COMPLETED BY SESA REPRESENTATIVE

(STATE AGENCY NAME)  
UCFE PROGRAM-FEDERAL AGENCY VISIT REPORT

---

**SECTION 1. IDENTIFICATION DATA**

---

1. FEDERAL AGENCY NAME AND ADDRESS (PER STATE RECORDS)      2. CORRECT NAME AND ADDRESS (IF DIFFERENT)

---

3. VISIT MADE BY: (NAME, TITLE and DATE)

---

4. SPECIFIC REASON FOR VISIT

---

5. NAMES AND TITLES OF PERSONS CONTACTED

---

**SECTION II. FEDERAL AGENCY FUNCTIONS**

---

**INSTRUCTIONS:** Review the Federal Agencies UCFE Program based on the questions provided below. Any "NO" answers should be fully explained on sheet provided. If additional space is required provide a separate attachment.

---

General Administration		YES	NO
1.	Does the Federal agency have a designated UCFE Program Manager responsible for the overall UCFE program?	---	---
2.	Were copies of instructions issued by the U.S. Department of Labor distributed to and executed by appropriate units at installations of the agency?	---	---
3.	Were current procedures and operating instructions issued by the Federal agency?	---	---
4.	Did the Federal agency by August 1, provide the name(s), title(s), address(es) and telephone number(s) of the designated UCFE Program Manager and the UCFE Liaison(s)?	---	---
5.	Does the Federal agency have an address to have claims sent when the Form SF-8 has not been presented by the claimant?	---	---
6.	Is the address to send UCFE bills, detailed listings and related correspondence current?	---	---
7.	Has the Federal agency provided copies of instructions and informational material to the U.S. Department of Labor prior to issuance?	---	---
8.	Did the Federal agency cooperate fully during the review?	---	---
9.	Did the Federal Agency administrative offices which prepares UCFE forms have copies of UCFE Instructions for Federal agencies?	---	---

If no, provide a copy.

Figure 29. Sample ES-939, "UCFE Program - Federal Agency Visit Report," continued

10.	Did the Federal agency have an adequate supply of Forms SF-8?	YES	NO
		—	—
11.	Were you able to observe a separation briefing where an SF-8 was provided?	—	—
12.	Review recently completed forms listed below and indicate the number reviewed. ES-931 ___ ES-931A ___ ES-934 ___ ES-936 ___		
13.	Were the above listed forms completed within four workdays of receipt?	—	—
14.	Does the agency maintain a control record for incoming and outgoing forms?	—	—
15.	Were records requested from the National Personnel Records Center as required to complete UCFE Forms?	—	—
<hr/>			
ES-931/ES-931A/ES-934/ES-936			
		YES	NO
1.	Did the agency understand what constitutes Federal Civilian Service?	—	—
2.	Did the Federal agency copy of completed Forms ES-931 show the 3-Digit Federal Agency Code?	—	—
3.	Was the Duty Station correctly identified?	—	—
4.	Was date of separation or last day of active pay status entered correctly?	—	—
5.	Was reason for separation shown as complete as the SF-50 or equivalent?	—	—
6.	When separation information on the SF-50 is inadequate was adequate information provided on the ES-931?	—	—
7.	Are payroll records and the ES-931 consistent?	—	—
8.	Was non-pay status (not separated) explained?	—	—
9.	When wage reporting (when earned vs. when paid) is inconsistent with State reporting requirements, does the Federal agency advise the State?	—	—
10.	Were Forms ES-931 and ES-931A completed correctly?	—	—
11.	Did the Federal agency respond timely and accurately to the Form ES-936?	—	—
12.	Was the ES-936 completed and verified by other than the individual who completed the ES-931?	—	—
13.	Are ES-934's referred to appropriate party?	—	—
14.	Does the Federal agency notify the State Employment Security Office when a former federal employee refused and offer of employment?	—	—

Figure 29. Sample ES-939, "UCFE Program - Federal Agency Visit Report," continued

<b>APPEALS</b>		<b>YES</b>	<b>NO</b>
<b>1.</b>	<b>Does the Federal agency appeal State Financial and Non-monetary determinations when the determination(s) are inconsistent with Federal Findings?</b>	—	—
<b>2.</b>	<b>Are determinations and hearing notices referred to the appropriate office?</b>	—	—
<b>3.</b>	<b>When not able to attend a scheduled appeal hearing does the Federal agency provide sufficient information to be included in the record to protect their interests?</b>	—	—



GLOSSARY

DEFINITIONS

Unless otherwise indicated, these terms and their definitions are for the purpose of this Volume.

base period. The timeframe determined by the State under its applicable law that is used by the State to determine how much an individual will be eligible to receive in UC benefits. The base period is comprised of either 4 consecutive quarters or 52 weeks.

claimant. An individual who has filed a claim for UC benefits.

CPO/HRO. The local operating personnel office.

DOL. The authority responsible for interpretation of UCFE law and for prescribing rules and regulations to implement the UCFE Program.

Federal agency. Any department, agency, or Governmental body of the United States including any instrumentality wholly or partially owned by the United States in any branch of the Government of the United States that employs any individual in Federal civilian service.

Federal civilian service. Service performed in the employ of a Federal agency except service excluded by part 609.2 of Reference (d).

Federal employee. An individual who has performed Federal civilian service.

Federal wages. All pay and allowances, in cash and in kind, for Federal civilian service.

ICUC System. The automated tracking system used by DoD ICUC professionals to manage and validate claims.

SESA. The agency of the State that administers the UCFE Program under the applicable State law based on an agreement with the Secretary of Labor.

State law. The UC law of a State approved by the Secretary of Labor.

UC program administrator. The individual designated by the civilian personnel officer who manages and is responsible for the UCFE Program at the installation level.

UCFE. A permanent program of UC for unemployed Federal civilian employees. The UCFE Program provides a weekly income for a limited period of time for qualified unemployed Federal civilian employees. For the purposes of this Volume, UC is used interchangeably with UCFE.