

UCFE INSTRUCTIONS FOR STATE AGENCIES

Chapter X - PROGRAM REVIEW, AUDIT And REPORTING

1. UCFE Programs of Verification, Visiting, and Internal Audit.

a. **Verification of Information on Completed Forms ES-931.** Effective administration of the UCFE program requires assurance that Federal agencies are completing Forms ES-931 correctly, and that they are properly reporting Federal civilian service and wages. State agencies are in the best position to carry out the major portion of a program by verifying the accuracy of Federal agency reporting of wage and separation information. One required method of verification is the submittal of verification requests to Federal agency payroll offices (Form ES-936).

b. **Visits to Federal Agency Installations.** SWA representatives should also visit Federal agency payroll and personnel offices, as needed, in order to ascertain whether prescribed procedures are being complied with and whether Federal agency staff understand their responsibilities with respect to the UCFE program (Form ES-939).

c. **Internal Review of Federal Agency UCFE Operations.** In addition to the verification and visiting programs, Federal agencies have been requested to include a review of UCFE activities in their internal inspection and audit programs. The U.S. General Accounting Office reviews the accuracy of wages reported to State agencies on Forms ES-931 as part of its regular site audits of Federal agency payroll accounts, and inspectors of the Office of Personnel Management periodically review, and report findings concerning, individual Federal agency personnel practices and procedures to ensure compliance with UCFE requirements.

2. Introduction to Form ES-936. Request for Verification of UCFE Wage and Separation Information Furnished on Form ES-931.

a. **Purpose and Use.** Form ES-936 is to be used to verify the accuracy of data recorded on Form ES-931 (or equivalent, e.g. IRS computer printout) by a Federal agency payroll office and to assist in determining whether the Federal agency payroll office is adequately carrying out its responsibilities with respect to the UCFE program. If SWA review of a completed Form ES-936 reveals inadequacies, a visit to the Federal installation by a SWA representative should be scheduled.

The verification program should be controlled by SWA's central office through use of its Form ES-931 file. A minimum of one Form ES-936 should be sent by a SWA to each Federal agency payroll office:

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(1) which is located in the State, outside the United States, or multistate payroll offices; and

(2) which has completed and returned one or more Forms ES-931 (or equivalent) during the latest 6-month period ending June 30 or December 31. The SWA may send more than one Form ES-936 request to an individual payroll office if there is a need for additional verification; however, no more than 10 such requests should be sent to a single payroll office in any 6-month period. For centralized (or multistate) payroll offices, each SWA's maximum should be limited to 3 such requests in any 6-month period. A SWA may also send Forms ES-936 to selected payroll offices located in other States.

The responsibility for verification, except for centralized payroll offices, is thus placed on the SWA of the state in which the payroll office is located.

The verification should be completed by the end of the first month following the latest 6-month period (e.g., for completed Forms ES-931 received during the January-June period, all Form ES-936 requests should have been sent in sufficient time to be returned to the SWA no later than July 31). A Form ES-936 should not be sent until at least 15 days after SWA received the corresponding completed Form ES-931 to avoid any possible confusion in the Federal agency caused by an earlier verification request. Item 1 of Form ES-936 may be modified by a SWA which requires information as to weeks of employment.

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b. **Face of Form ES-936**

**REQUEST FOR VERIFICATION OF UCFE WAGE
AND SEPARATION INFORMATION FURNISHED ON FORM ES-931**

(State Agency Name) Local Office: Contact: Telephone:	Date New Claim Filed: Date of Request:
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SECTION I. IDENTIFICATION

1. Name (Last, First, Middle, Maiden (if any))	2. Social Security Number	3. Birth Date (MM/DD/YY)
4. Position Title	5. Place of Employment (State, City or Country)	6. Separation Date (MM/DD/YY)

TO: (FEDERAL AGENCY, 3 DIGIT FEDERAL AGENCY CODE AND ADDRESS)

SIGNATURE STATE AGENCY REPRESENTATIVE	TITLE	DATE
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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 an authorized official personally review records 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.).

SECTION II. FEDERAL AGENCY TO COMPLETE

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.

	Yes	No
a. Do you have payroll record(s) for this employee? If "NO", explain:	___	___
b. For the Base Period beginning _____ and ending _____ provide Total Employee Wages: \$ _____		

2.
 - a. Do you have a copy of the Form ES-931? ___
 - b. Do you have a file to maintain completed Forms ES-931? ___

3. Was the State (or if outside the U.S., country) reported on Form ES-931, the same as shown on SF-50, "Duty Station" or, if SF-50 is not used, the same duty station or equivalent entry as shown on the separation document your agency uses? ___

4. Were (a) severance pay, or (b) lump sum payment for terminal annual leave, reported separately on Form ES-931, and not included as base-period wages? ___

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c. Reverse of Form ES-936

	<u>YES</u>	<u>NO</u>
5. Were the reasons for separation reported on Form ES-931, at least as complete as the information shown in both the "Nature of Action" and "Remarks" sections of SF-50, or equivalent document, used in separation this employee?	—	—
This is the minimum information required on Form ES-931. If answer is "NO", indicate the source of information you used in completing Form ES-931:		
6. Enter date certification was made on Form ES-931 (Date) _____		
7. Do you have the instructions issued by your agency's headquarters on the UCFE program? If "NO", you should request instructions through the same channels through which you obtain other payroll or personnel instructions from your agency.	—	—
8. In reviewing the payroll record(s) for this employee, did you discover any error in the information previously furnished on Form ES-931? If "YES", give the correct information under "Remarks by Federal Agency" below or on an attached sheet. Any questions you have concerning the operation of the UCFE program may be indicated under remarks.	—	—

Certification: The above information has been furnished by someone other than the person who completed the Form ES-931 cited above and based on my review is hereby certified to be a correct and complete report.

SIGNATURE OF OFFICIAL	TITLE	DATE
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NAME OF PARENT FEDERAL AGENCY	ADDRESS
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REMARKS BY FEDERAL AGENCY

If your office is located in one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, or the Virgin Islands, we shall be pleased to arrange for a visit to discuss your responsibilities in the UCFE program. If you desire a visit, please indicate. _____ YES _____ NO

RETURN TO:

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d. **Number of Copies and Distribution.** Sufficient copies of form ES-936 will be prepared to provide the number necessary for SWA use and one copy for retention by the Federal agency; the original and at least one copy will be submitted to the appropriate Federal agency payroll office. The State office should retain at least one copy for follow-up purposes. The Federal agency will return the completed form in a window envelope to the address contained in the return-address space. **Indicia return envelopes should not be included in mailings to Federal agencies because they are required to use their own envelopes.** In addition, the SWAs, at their option, may use a transmittal letter when forwarding Form ES-936.

e. **Preparation.** All of the items in Section I, Identification, to be completed by SWA, are the same as those on Form ES-931. Except for the dates of the base period shown on the cited Form ES-931, to be entered by SWA in item 1b of Section II of Form ES-936, the Federal agency will complete Section II, continued on the reverse of the form.

f. **UCFE - SWA Action When Form ES-936 Is Not Returned.** A control file or record of pending Forms ES-936 will be maintained by the SWA. When a reply to the Form ES-936 request is not received within 20 days (30 days for verifications sent to locations outside the U.S.) after the verification request was sent, a follow-up Form ES-936, identical to the original form but marked "SECOND REQUEST" (underscored in red), should be sent.

If a reply to Form ES-936 has not been received after all reasonable efforts to obtain it have been exhausted, three partially completed copies of the form should be referred to the ETA Regional office for appropriate follow-up action.

g. **UCFE - SWA Action when Form ES-936 Is Returned.** Upon receipt of a completed Form ES-936, the data on Form ES-931 (or equivalent) and Form ES-936 should be compared. A review of completed Forms ES-936 will identify those Federal agency payroll offices which have failed to follow prescribed procedures. SWAs should not take exception to minor reporting deviations, such as a variation of a few dollars in the total amount of wages reported, as shown by the Federal agency on the two forms, where it would have no effect on the claimant's benefits rights.

If the total difference between the dollar amount on the Form ES-931 and the Form ES-936 is \$10.00 or less, resolution is not required.

Personal visits by a member of SWA staff should be made as a means of following up on those Federal agency payroll offices

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which are located within the State, if data on completed Forms ES-936 indicate a serious misunderstanding of the reporting requirements.

Examples of cases requiring a visit to a Federal agency are:

(1) the total amount of wages shown in item 1.b. of Form ES-936 differs significantly from the total reported on Form ES-931 (or equivalent) so that the error cannot be explained by a few days' difference in the period used, or the amount would affect the claimant's benefit rights had it been reported on Form ES-931 (or equivalent);

(2) the Federal agency indicates that it does not have instructions on the program;

(3) reasons for separation are not as adequate as the reasons shown on SF-50 (or equivalent separation document); or

(4) Federal agency requests a visit. If the payroll office is located outside the State but within one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, or the Virgin Islands, procedures outlined in the following subchapter should be followed.

If the payroll office is located outside the United States and the data on the completed Form ES-936 indicate an area of misunderstanding, a full explanation should be sent by letter to the payroll office. If necessary, reconciliation or correction of Form ES-931 (or equivalent) should be obtained. If problems with payroll offices located outside the United States cannot be corrected, the facts should be submitted to the ETA Regional Office. That office will transmit the information to the ETA National Office so that correction can be obtained through the Federal agency's UCFE liaison officer. If a returned Form ES-936 indicates that a Form ES-931 (or equivalent) has not been completed by the payroll office for an employee, the SWA should investigate in person (if payroll office is in the State) to determine whether there has been an error in completion of the form or whether fraud has been committed with respect to the completion of Form ES-931 (or equivalent). A completed record of the results of such an investigation should be kept for review by ETA.

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3. **Sample of Form Letter Which May Be Sent with Verification Form ES-936.**

(DATE)

STATE (Name and address)

FEDERAL AGENCY (Name and address)

The Department of Labor has requested that we periodically mail the attached verification form, ES-936, to all Federal agencies. Please complete Section II of the form. Item 1.b. should be completed after checking your wage and personnel records for the individual named on the form so that we can verify the information you submitted at an earlier date on a Form ES-931, Request for Wage and Separation Information. If the total difference between the dollar amounts on the Form ES-931 and the Form ES-936 is \$10.00 or less, resolution will not be required.

Please complete and return the Form ES-936 within the required four workdays and return to the address as noted on the reverse of the form. Should you have any question, please contact me on ().

Sincerely,

(SWA OFFICIAL)

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4. Introduction to Form ES-939, UCFE Program – Federal Agency Visit Report.

A SWA may request the ETA Regional Office to arrange for a visit, in accordance with a. or b. below, to a Federal installation (including centralized or multistate Federal agency payroll offices) located elsewhere within the region, or in a different region, when the situation warrants such action.

The reason shown for the request should contain sufficient detail as to specific cases in which inadequacies occurred so that the SWA (or the ETA Regional Office) representative making the visit may review the particular problem cases with the appropriate official of the Federal installation visited.

a. **Federal Installation Located within the Region.** The ETA Regional Office will arrange for the SWA in the State in which the Federal installation is located to make the visit, or, if more practicable, will designate a Regional Office staff member to make the visit.

b. **Federal Installation Located in a Different Region.** The ETA Regional Office in the requesting State's region will transmit the request to the ETA Regional Office in the region in which the visit is to be made. That office will arrange for the SWA in the State in which the Federal installation is located to make the visit or, if more practicable, will designate a Regional Office staff member to make the visit.

c. **Preparation and Distribution of Forms ES-939.** The SWA (or the ETA Regional office) making the visit will complete sufficient copies of Form ES-939 to provide one copy for the SWA initiating the request. The regular number of copies of Form ES-939 will be sent, by the visiting SWA, to the ETA Regional Office in that State's region at the end of the quarter, in accordance with the instructions in subchapter 4 of this Chapter. The extra copy will be sent to the requesting SWA via the ETA Regional Office from which the request was received. The transmittal of this copy should not be delayed to the end of the quarter but should be sent immediately after preparation.

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d. Page 1 of Form ES-939

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

SECTION I. 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.

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e. Page 2 of Form ES-939

		YES	NO
10.	Did the Federal agency have an adequate supply of Forms SF-8?	—	—
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?	—	—

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?	—	—

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f. Page 3 of Form ES-939

APPEALS		YES	NO
1.	Does the Federal agency appeal State Financial and Non-monetary determinations when the determination(s) are inconsistent with Federal Findings?	—	—
2.	Are determinations and hearing notices referred to the appropriate office?	—	—
3.	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?	—	—

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g. Page 4 of Form ES-939

DCFE PROGRAM-FEDERAL AGENCY VISIT REPORT -CONTINUED

REMARKS: For each "NO" answer, list below by item number and indicate action taken by agency to comply with requirements, including correction of previous errors. If Federal agency visited had little or no DCFE activity, insure that agency understands it's responsibilities for each requirement and agree to apply DCFE procedure to future activity.

PREPARED BY: (NAME)	TITLE	DATE
TIME SPENT IN TRAVELING	TIME SPENT IN VISITING	

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h. **Purpose and Use.** Form ES-939 is to be completed by a SWA or the ETA Regional Office representative, on each visit to a Federal agency installation in connection with the UCFE program. The form should be used when the visit is made, to denote a specific reason for the visit as well as when the visit is for general UCFE program purposes. The only time the form need not be completed is when:

- (1) a visit report was completed within the immediately preceding 90 calendar days, and
- (2) the previously completed form shows no significant inadequacy or the Federal agency has taken appropriate corrective action.

In addition to Federal agency installations which need, or request, SWA assistance, as determined by review of completed Forms ES-936, visits would be made to those Federal installations which:

- (1) in many cases, do not issue SF-8's to their employees, as indicated by claimant's answers to the question which appears on each Form ES-931 and Form ES-931A;
- (2) generally give inadequate information on Forms ES-931, ES-931A, or ES-934 or equivalent
- (3) have refused to participate in the appeal process;
- (4) are often slow in returning the UCFE forms; or
- (5) frequently omit, or incorrectly answer, items on the various UCFE forms. Visits also would be made for the SWA of another State upon specific request of the ETA Regional Office.

Information on the status of the UCFE operations of a Federal installation will be useful to ETA, the Federal agency and SWA in evaluating how local installations are meeting their UCFE program responsibilities.

i. **Number of Copies and Distribution.** Sufficient copies of Form ES-939 will be prepared to provide the number necessary for SWA use plus one copy for the Federal installation visited and two copies for the ETA Regional Office. The Federal installation should be given a readable written copy of the completed report by the visitor before he/she leaves the installation, or a typed or reproduced copy should be sent to the Federal installation as soon as possible after the visit.

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SWA should send two copies of each completed Form ES-939 to the ETA Regional Office within 10 days after the end of the quarter in which the visit was made. The Regional office will include one of these copies in its quarterly transmittal of visit reports to the ETA National Office.

When a SWA makes a visit for the SWA of another State, an additional copy of the form will be prepared and sent to the requesting SWA via the appropriate ETA Regional Office.

If no Federal visits are conducted during a calendar quarter, a negative report should be submitted to the appropriate Regional Office.

j. **Preparation for Visit.** Form ES-939 should be used as a checklist during the visit to ensure that each function related to UCFE program responsibility for payroll and personnel offices is covered. Each representative of the region and SWA should have available a copy of:

(1) "UCFE Instructions for Federal Agencies", published by the U.S. DOL;
and

(2) FPM Supplement 296-31, "Separations" subtable (selected pages), of the **Federal Personnel Manual.**

Before visiting a Federal agency installation, the SWA representative should obtain proper clearance and approval, by telephone or in writing, from the supervisor or official in charge of the office or installation. UCFE program visits to civilian payroll and personnel offices on military posts or bases would be cleared with finance or personnel officers, or both; such officials usually hold a military rank. Visits to nonappropriated fund activities should receive approval of the custodians or managers of such funds or, for post or base exchanges, the exchange officer or equivalent official. In clearing such visits, the SWA representative should thoroughly explain the purpose of the visit.

If a Federal agency installation refuses to permit a SWA representative to make a UCFE visit, or does not allow the representative to review pertinent UCFE program documents, he/she should notify the appropriate ETA Regional Office, providing sufficient details and making reference to this Chapter. The ETA will make every effort to resolve the matter at the Regional or National Office level.

k. **Instructions for Completion of Form and Conducting the Visit.**

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(1). In Section I, "Identification Data," item 4, explain the specific reason for the visit: e.g., when the amount of wages shown on a verification Form ES-936 differs significantly from that reported on the corresponding Form ES-931. Under "Remarks" on page 4, explain the action taken or to be taken by the Federal installation to correct each inadequacy noted.

(2). All questions in Sections II, Federal agency functions are "yes" or "no" answers. Affirmative answers to all of the questions indicate that the Federal installation, at the time of the visit, is performing its UCFE functions satisfactorily. Explain negative answers to any of the questions under "Remarks."

(3). Answers to questions will be made on the basis of the conditions found in the payroll or personnel office when the visit is made. The explanation of negative answers under "Remarks" should specify the corrective action proposed or being taken.

(4). During each visit, the representative should determine whether the payroll and personnel offices are generally complying with UCFE instructions issued by the Federal agency for completing Forms ES-931, ES-931A, ES-934, and ES-936, issuing SF-8's and performing other UCFE program operations.

The representative should determine whether or not the payroll and personnel offices have available copies of the Federal agency's appropriate instructions; he/she should obtain a copy of the UCFE payroll instructions to assist in the review.

(5). The visitor will record separately, in the spaces provided. on the lower portion of page 4 of the form the time spent:

- (a) traveling and
- (b) visiting.

The Form ES-939 questionnaire covers the Federal agency's basic UCFE program responsibilities and is used during the visit to record information pertaining to the Federal agency's discharge of its duties and to provide a report of findings.

During the review, DOL staff will attempt to determine if the SWA (local office) has adequately assisted the installation with respect to the UCFE Program and will provide technical assistance if necessary.

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5. Introduction to From ETA 8-32, Report of UCFE Activities

The State agencies are to report to the ETA Regional office every 6 months on the verification activity and Federal agency visits.

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a. Form ETA 8-32

<i>(From Agency Meeting)</i>	
REPORT OF UCFE ACTIVITIES	
FOR THE 6-MONTH VERIFICATION PERIOD ENDING _____ 19__	
ACTIVITY	TOTAL NUMBER
1. Payroll offices in this State (or centralized/multistate offices listed in Guide) to which Forms ES-931 were sent.....	_____
2. Payroll offices outside U.S. to which Forms ES-931 were sent.....	_____
3. Forms ES-936 sent.....	_____
4. Forms ES-936 indicate--	
a. significant error in wages.....	_____
b. lack of an alphabetical-by-name file of Forms ES-931 or no copy of form in file.....	_____
c. misunderstanding as to reporting State (or country) of last employment (Item 1b, Form ES-931)...	_____
d. misunderstanding as to reporting (1) severance pay, or (2) lump-sum payment for terminal annual leave.....	_____
e. incomplete reason(s) for separation (Item 3d, Form ES-931).....	_____
f. lack of UCFE instructions.....	_____
g. desire to have a visit by State agency representative.....	_____
5. Based on the above verification activity--	
a. visits made during the 6-month period of this report.....	_____
b. visits scheduled (or made) for the next 6-month period following this report.....	_____
6. Visits which were made during the period of this report.....	_____
<i>(Note: reports are submitted quarterly to the appropriate ETA regional office, do not attach Form ES 935 (NA 8 31) to this report.)</i>	

19__ to June 30, 19__ or December 31, 19__

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b. **Number of Copies and Distribution.** The SWA will send two copies of a report to the ETA Regional Office every 6 months on the verification activity and Federal agency visits conducted during the completed verification period. One copy of the report, which is due in the ETA Regional Office by the 15th day of the second month after the verification period, will be transferred to the ETA National Office. Thus, for the January 1 through June 30 verification period, the report is due on or before August 15; for the July 1 through December 31 verification period, the report is due on or before February 15.

c. **Review of ETA 8-32.** The ETA Regional Office will periodically review the reports and related data with the State agencies to determine:

(1) the effectiveness of the verification and Federal agency visiting program; and, when appropriate,

(2) the need for further action by the ETA.

6. **Federal Agencies Contracting for UCFE Services.**

Some Federal agencies have procured contractor services to handle their UCFE claims process. However, the Federal agency has the responsibility of ensuring that the UCFE claims process and other aspects of the program are handled in the same manner and thoroughness as the Secretary of Labor has prescribed. Federal agencies have been notified to monitor a contractor's performance as a part of their internal audit procedures. In addition, Federal agencies have been advised that:

a. A contractor should provide the Federal agency with a copy of all correspondence received from and to the SWA concerning the UCFE process. If a problem exists, it should be brought to the attention of the State Federal program coordinator and/or the National Office, Attn: TEUMI.

b. In most instances, a contractor cannot perform the requirements for the Form ES-936 verification process since the information must be obtained directly from the original records which are maintained at the Federal site. Therefore, a contractor must be instructed, by the SWA, upon receipt of a Form ES-936 verification report, to immediately send it to the appropriate staff member at the Federal agency for completion and return to the SWA.

c. While a contractor can suggest to a Federal agency which cases should be appealed, the final decision lies with the

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Federal agency staff. Though a contractor may attend a hearing, Federal representatives having first-hand knowledge of the situation **must** attend, give testimony, and present evidence to ensure that UCFE benefit payments are paid only those claimants who meet the eligibility requirements.

7. UCFE Records – Content, Identification, and Availability.

SWA records should contain enough information to substantiate all actions taken relating to determinations of entitlement for UCFE benefits. Accounting records should be in sufficient detail to permit proper accountability for UCFE funds provided to States for payment of UCFE benefits, and to provide the necessary information for the preparation of fiscal reports to the U.S. DOL. SWA records pertaining to the UCFE program should be identified as different from agency records pertaining to State UC benefits. SWA UCFE records must be available for inspection, examination, and audit by such Federal officers or employees as the Secretary of Labor may designate.

a. UCFE - Checks and Records of Payments.

(1) Data Supporting Payment. A payment from UCFE funds must be supported by a copy of the check or by a register or similar document clearly identifying the UCFE claimant by name, social security account number or control number used by the SWA and by the amount charged to UCFE funds. SWA records must be in sufficient detail to support the computation of the amount charged to such funds.

(2) Checks in Payment of Claims. Checks issued in payment of UCFE claims need not be identified especially as UCFE payments.

(3) Undelivered and Unclaimed Checks. Controls and records of undelivered and unclaimed UCFE checks returned to the SWA should identify checks paid from UCFE funds separately from other checks issued or authorized by the agency. Such controls and records should be in sufficient detail to permit proper accountability by SWA.

The SWA will cancel any check drawn by that State to pay UCFE benefits which has not been presented for payment within 1 year after the date of its issuance. The amount of the escheated check will be credited to the Federal agency account maintained by the SWA for UCFE funds. If, in accordance with State law, any claim for payment of UCFE benefits is made later, and UCFE

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benefits are paid, charges will be made to the State's UCFE Federal agency account.

When benefits are due a UCFE claimant at the time of his/her death, payment of the amount due should be made in accordance with the law and regulations governing the payment of State UC benefits due at the time of death.

(4) **Disposal of UCFE and UCX Records.** The USDOL has authorized transfer to SWA accountability records of the joint Federal-State UCFE and UCX programs. A request for transfer of UCFE and UCX records once made by each SWA, applies unless revoked, to all UCFE and UCX records when transferable.

The records listed below will be transferred to SWA accountability 3 years after final action (including appeals or court action) on the claim, or such records may be transferred in less than the 3-year period if reproduced in accordance with appropriate reproduction standards outline in this Chapter. With respect to overpayment records, fraudulent or nonfraudulent, the date the overpayment is written off is considered to be the date on which final action took place. After the transfer is completed, SWA will follow its State law for disposal of records identified as follows:

(a) Individual claim files consisting of new, additional, reopened, and continued claims for UC; determinations of entitlement; reports of interviews; claim record forms; and other related documents, records, and correspondence.

(b) Appeal records consisting of petitions appealing UC determinations; copies of subpoenas; notices and transcripts of hearing; exhibits; decisions; and other related documents, records, and correspondence.

(c) Claimant payment records consisting of benefit history files (e.g., ledger cards or sheets); canceled checks, copies of checks, and check registers or similar controls; records of overpayment, underpayment, and adjustments; and other related documents, records, and correspondence.

(d) Individual claim records relating to administrative penalties and criminal prosecution in cases of fraudulent claims.

8. **UCFE/UCX - Standards for the Maintenance of Records.**

The following standards apply to the maintenance of UCFE and

UCFE INSTRUCTIONS FOR STATE AGENCIES

UCX records.

a. **Standards.** When reproducing permanently valuable records, in order to dispose of the originals—

(1) The integrity of the original records will be preserved on the copies. This implies that the copies will be adequate substitutes for the original records in serving the purposes for which such records were created or maintained. More specifically, the term “integrity of the records” means that:

(a) The copies will be so arranged, identified, and indexed that an individual document or component or a record series can be located with reasonable facility; and

(b) The copies will contain all significant record detail needed for probable future reference.

(2) The method used will comply with the appropriate specification for permanent records.

(3) The provisions for preserving, examining, and using the copies of the original records will be adequate.

b. **Safeguard.** The SWA should assure that the quality of records are maintained in accordance with the information provided above. The maintenance of UCFE records should be of the same quality as that required of other State UC records.

9. **UCFE Reporting.**

a. The Unemployment Insurance Service (UIS) of the ETA National Office requires the State agencies to submit many of its reports electronically. Reporting requirements pertaining to UCFE electronic submittals are contained in **ETA Handbook No. 401.**

It is the policy of the UIS to assure accuracy, uniformity, and comparability in the reporting of statistical data derived from State UC operations through State adherence to Federal definitions of reporting items, use of specific formats, observance of reporting due dates, and regular verification of reporting items.

b. UCFE claimant activity is submitted electronically by State agencies in the following reports:

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- (1) ETA 539 Report, Weekly Claims and Extended Benefits Trigger Data
- (2) ETA 5159 Claims and Payment Activities
- (3) ETA 5130 Benefit Appeals Report
- (4) ETA 207 Nonmonetary Determinations Report
- (5) ETA 218 Benefit Rights and Experience

10. Frequency of Reports.

a. ETA 539 reports should be submitted by State agencies on a weekly basis to the ETA National Office by the opening of business Thursday following the week in which the claims were filed.

b. ETA 5159 reports should be submitted by State agencies to the ETA National Office on the 15th day of the month following each calendar month to which it relates.

c. ETA 5130 reports should be submitted by State agencies to the ETA National Office by the 20th day of the month following the month to which it relates.

d. ETA 207 reports should be submitted by State agencies to the ETA National Office on the 15th day of the month following the quarter to which it relates.

e. ETA 218 reports should be submitted by State agencies to the ETA National Office on the 25th day of the first month following the quarter to which it relates.

f. Form ETA-227, Overpayment and Detection/Recovery Activities. Form ETA-227 provides information on determinations, overpayments, recoveries of overpayments on intrastate and liable interstate claims under State UC and UCFE claims programs.

The SWA's accomplishments in principal detection areas of benefit payment control are shown in the ETA-227 report. The ETA and State agencies need such information to ensure that benefit payments are properly made. Data are provided for criminal and fraudulently, and in aging schedule of outstanding benefit overpayment accounts is included.

UCFE INSTRUCTIONS FOR STATE AGENCIES

(1). **Frequency of the Form ETA 227 Report.** The ETA-227 report is due quarterly.

<u>Report for Calendar Quarter Ending</u>	<u>Due</u>
March 31	May 1
June 30	August 1
September 30	November 1
December 31	February 1

(2). **Submittal of the Form ETA 227 Report.** One copy of the Form ETA-227 should be sent to the appropriate Regional Office; the original and one copy should be sent to:

U.S. Department of Labor
Employment and Training Administration
Attn: TEURA-Reports, Room S-4519 FPB
200 Constitution Avenue, N.W.
Washington, D.C. 20210

NOTE: Detailed instructions for preparing Form ETA-227 may be found in ES Manual, Part III, Chapters 5600-5799 and Chapters 12400-12402.

UCFE INSTRUCTIONS FOR STATE AGENCIES

11. ETA 539 Report, Weekly Claims and Extended Benefits Trigger Data

ETA 539 – CLAIMS AND EXTENDED BENEFITS DATA

REPORT FOR PERIOD ENDING: Region: State:

Week Reflected Week Ending: 12/19/1992

Number:

IC: FIC: XIC: WSIC: WSEIC:

CW: FCW: XCW: WSCW: WSECW:

EBT: EBUI: ABT: ABUI: 0

AT: CE: R: AR: P:

STATUS: STATUS CHANGE DATE:

COMMENTS:

UCFE INSTRUCTIONS FOR STATE AGENCIES

12. ETA 5159 Claims and Payment Activities

Claims and Payment Activities **U.S. Department of Labor**
Employment and Training Administration

This report is required by law (29 U.S.C. 5042-5044). Failure to report can result in administrative sanctions. See 29 U.S.C. 5044.

Section 1 - General Information

Agency Name: _____
 Agency Address: _____
 Agency Phone: _____
 Agency Fax: _____

Section 2 - Claims

Program	Total Number of Claims	New Claims	Continuing Claims	Discontinued Claims	Total Claims by Agency State	Total Claims by Agency State	Total Claims by Agency State
State of							
UCFE No. of							
UCFE Date							

Section 3 - Payments

State	Number of Payments	Total Amount	Total Amount	UCFE and UCFA Payments			
				Number	UCFE No. of	UCFA Date	Amount
State of							
UCFE No. of							
UCFE Date							

Section 4 - Total Agency State Payments for Year

Year	Total Amount	UCFE and UCFA Payments		Comments (if applicable, such as funding, etc.)
		UCFE No. of	UCFA Date	
Year				
UCFE No. of				
UCFE Date				
UCFE No. of				
UCFE Date				
UCFE No. of				
UCFE Date				

All reporting numbers for this collection of information is submitted on average 1-2 times per calendar year, including the time for creating, certifying, reviewing, auditing, and reporting the data related and complete, and retaining the information of information. The information is submitted to the Department of Labor, Bureau of Employment, Training, and Rehabilitation (ET&R), and is the only source for the data. The information is submitted to the Department of Labor, Bureau of Employment, Training, and Rehabilitation (ET&R), and is the only source for the data. The information is submitted to the Department of Labor, Bureau of Employment, Training, and Rehabilitation (ET&R), and is the only source for the data.

ETA 5159
 No. 10-1982

UCFE INSTRUCTIONS FOR STATE AGENCIES

13. ETA 5130 Benefit Appeals Report

Benefit Appeals

**U.S. Department of Labor
Employment and Training Administration**



OMB Approval No. 1220-0173
Expires: 05/11/01

Report for Period Ending (Date, Day, Year)	Report Date	State Name	State Code
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SECTION A. SINGLE CLAIMANT AND MULTICLAIMANT APPEALS CASE DECISION BY PROGRAM AND OTHER INFORMATION

LINE NO.	All Decisions		UCFE - No All Decisions		UCFE Only Decisions	
	Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority
	(7)	(8)	(9)	(10)	(11)	(12)
300						
Cases Disposed of Other than by Decision				Appeals Hearings Held for Other Issues		
	(7)			(8)		
300						

SECTION B. CLAIMANTS INVOLVED IN STATE W APPEALS CASES BY STATUS OF APPEAL

LINE NO.	Status of Appeals	Single-Claimant Appeals		Multi-Claimant Appeals	
		Lower Authority	Higher Authority	Lower Authority	Higher Authority
		(9)	(10)	(11)	(12)
300	Filed During Month				
310	Disposed of During Month				
320	Pending at End of Month				

SECTION C. TIME LAPSE ON STATE W APPEALS DECISION (Time lapse between date of filing and date of making decision)

LINE NO.	Time Lapse (in days)	All All Decisions		Employee		Employer	
		Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority
		(13)	(14)	(15)	(16)	(17)	(18)
400	Less Than 30						
410	31-60						
420	61-90						
430	91-120						
440	Over 120						

SECTION D. STATE W APPEALS DECISIONS BY TYPE OF APPELLANT

LINE NO.	Type of Appellant	All All Decisions		Employee		Employer		Other	
		Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority
		(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
500	New								
510	In Favor of Appellant								

SECTION E. NUMBER OF LOWER AUTHORITY STATE W APPEALS DECISIONS BY ISSUE

LINE NO.	Type of Decision	Voluntary Quit	Miscellaneous	Refusal of Suitable Work	Non-Compliance	Other Dispute	Other
	(27)	(28)	(29)	(30)	(31)	(32)	(33)
600							

SIGNATURE	TITLE	DATE
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Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Information Management, Department of Labor, Room 1207, 200 Constitution Avenue, N.W., Washington, DC 20210, and to the Office of Management and Budget, Paperwork Reduction Project (1220-0173), Washington, DC 20503.

M-5130 (01-01)

UCFE INSTRUCTIONS FOR STATE AGENCIES

14. ETA 207 Nonmonetary Determination Report

Nonmonetary Determination Activities

U.S. Department of Labor
Employment and Training Administration



OMB Approval No. 1207-0187
Form 100

1. Reporting State	2. Reporting Date	3. Reporting Period
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A. Determinations, Re-determinations, and Denials

Item No.	Item	Life Size	Employment Status				Non-Employment Status	
			Non-Determinations	Non-Determinations	Non-Determinations	Non-Determinations	Other	Other
			1	2	3	4	5	6
State #	Determinations	100						
	Denials	100						
UCFE No. #	Determinations	100						
	Denials	100						
UCI City	Determinations	100						
	Denials	100						

B. Determinations Involving Separation Issues, Single-Claimant

Item No.	Item	Life Size	Total Separation Issues	Voluntary Leaving	Discharge for Cause	Other
			From 100-12 (Rev. 10)	(Includes former four and other persons (single-claimant & others))	(Includes "gross" or "approved" misconduct)	
			1	2	3	4
State #	Determinations	100				
	Denials	100				
UCFE No. #	Determinations	100				
	Denials	100				

C. Determinations Involving Nonseparation Issues, Single-Claimant

Item No.	Item	Life Size	Total Nonseparation Issues	Disqualifying or Exclusionary Factors	Relief or Exclusion Status	Reporting Requirements (Other and Other)	Other (Includes state agency and other employees)
			From 100-12 (Rev. 10)	(Includes former four and other persons (single-claimant & others))			
			1	2	3	4	5
State #	Determinations	100					
	Denials	100					

Comments: Administrative Log(s) and Exemption Factor(s) (See reverse side, if necessary)

Signature	Title	Date
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2007-07-12), Washington, DC 20503 and to the Office of Management and Budget, Paperwork Reduction Project (2007-07-12), Washington, DC 20503.

UCFE INSTRUCTIONS FOR STATE AGENCIES

15. ETA 218 Benefit Rights and Experience

Benefit Rights and Experience

U.S. Department of Labor
Employment and Training Administration



OMB Approval: 1205-0117
Expires: 01/01/88

A. REPORT FOR QUARTER ENDING (Month, Day, Yr.)	B. REGION CODE	C. STATE CODE	D. STATE
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LINE NO.	SECTION A. MONTHLY DETERMINATION OF DETERMINATIONS			CLASSIFICATION ESTABLISHING BENEFIT YEAR			PRODROMATIONS CODE IN REPORTING QUARTER 1/	
	TOTAL (Sum of Col. 1 + 2)	WITH INSUFFICIENT WAGE CREDITS	WITH SUFFICIENT WAGE CREDITS	TOTAL	APPLIED TO CLASSIFIED WFT, BENEFIT YEAR	APPLIED TO UNCLASSIFIED WFT, BENEFIT YEAR	TOTAL	WAGE RATE OF BENEFIT YEAR TO WHICH THE DETERMINATION RELATES 1/
	1	2	3	4	5	6	7	8
00								

LINE NO.	ITEM	SECTION B. POTENTIAL FOR DETERMINATIONS ESTABLISHING BENEFIT YEAR 1/ AND ACTUAL FOR CLAIMANTS WHO RECEIVED FINAL PAYMENTS						
		NUMBER OF WEEKS OF DURATION						
		TOTAL (Sum of Col. 3 - 9)	LESS THAN 10 WEEKS	10 - 14 WEEKS	15 - 19 WEEKS	20 - 24 WEEKS	25 - 29 WEEKS	30 - 39 WEEKS
00	POTENTIAL							
00	ACTUAL							

LINE NO.	ITEM	NUMBER OF WEEKS OF DURATION - Continued					NUMBER WITH MINIMUM DURATION	AVERAGE WEEKS OF DURATION
		20 - 24 WEEKS	25 - 29 WEEKS	30 - 34 WEEKS	35 - 39 WEEKS	40 WEEKS AND OVER		
		6	7	8	9	10		
00	POTENTIAL							
00	ACTUAL							

1/ Prodrromations, made by uniform benefit year States should be included for the quarter in which the benefit year concerned begins.
2/ To be reported by uniform benefit year States making prodrromations.

COMMENTS:

We assure that it will take an average of _____ per response to complete the collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to the Office of the Policy, Department of Labor, Room 4-1501, 200 Constitution Avenue, N.W., Washington, DC 20210, and to the Office of Management and Budget, Paperwork Reduction Project (1205-0117), Washington, DC 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

ETA 218
Jan 1982

UCFE INSTRUCTIONS FOR STATE AGENCIES

16. Form ETA-227, Overpayment Detection/Recovery Activities, Page 1.

Overpayment Detection/Recovery Activities

U.S. Department of Labor
Employment and Training Administration



OMB Approval No. 1208-0175
Expires 09/2016

1. Agency Code	2. State Code	3. Name of State	4. Report Period (Month, Day, Year)
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SECTION A. NUMBER AND AMOUNTS OF OVERPAYMENTS ESTABLISHED

Name	Line No.	Number of Cases		Dollar Amount	
		M	NO/PAID	M	NO/PAID
		(1)	(2)	(3)	(4)
Total Fraud Overpayments					
Matched Overpayments	Reverse Letter				
	SSA Error				
	Employer Error				
	Customer Error				
	Administrative Agency				
	Other				
Total Matched Overpayments					
Total Fraud and Matched Overpayments					

SECTION B. RECONCILIATION OF OVERPAYMENT ACTIVITIES

Name	Line No.	Number of Cases				Dollar Amount			
		Fraud		Matched		Fraud		Matched	
		M	NO/PAID	M	NO/PAID	M	NO/PAID	M	NO/PAID
		(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Overpayment made									
Outstanding at Beginning of Period									
Recovered - Error									
Recovered - OFFSET									
Revised									
Revised-Off									
Adjustments									
Subtractions									
Outstanding at End of Period									
Less Enclosure for Doubtful Accounts									
Overpayments Considered Collected at the End of Period									
Remarks									

UCFE INSTRUCTIONS FOR STATE AGENCIES

17. Form ETA-227, Overpayment Detection/Recovery Activities, Page 2.

Overpayment Detection/Recovery Activities -- Continued

I. Report Code	II. State Code	III. Name of State	IV. Report Period (Start Month, Day, Year)
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SECTION I: DETECTION ACTIVITIES AND RESULTS

Activities Used to Detect Fraud and Overpayments	Line No.	No. Cases Checked	Number and Amount of Overpayments Identified			
			Total		Recovery	
			No. Cases	Dollars	No. Cases	Dollars
		(15)	(16)	(17)	(18)	
Overmatch of Benefit Payments with Wage Records	001					
Verification of Law Earnings	002					
Employer Process of Benefit Changes	003					
Tips and Loans from Outside Sources	004					
Verification of Hours for Work Done and Wages Earned	005					
Internal Overmatch	006					
Quality Control	007					
Other Administrative Activities	008					
Other Nonadministrative Activities	009					
Fictitious Employer Cases	010					
TOTAL	011					

SECTION II: CRIMINAL/UCFE ACTIONS

Case	Line No.	STATE/LOCAL COURTS		UCF SUP OF AMT (19)
		U	UCF/UCD	
		(16)	(18)	
Number Fraud Cases Pending Prior to Start of the Beginning of the Period	401			
Number Fraud Cases Referred for Prosecution During the Period	402			
Number Cases Prosecution Refused	403			
Number Convictions Obtained	404			
Number Cases Referred for Civil Action	405			
Number Civil Actions Obtained	406			

Remarks

UCFE INSTRUCTIONS FOR STATE AGENCIES

18. Form ETA-227, Overpayment Detection/Recovery Activities, Page 3.

Overpayment Detection/Recovery Activities – Continued

1. Report Code	2. Base Code	3. Name of State	4. Report Period (Start Month, Day, Year)
SECTION E. AGENCY BUDGET OVERPAYMENT ACCOUNTS			
Account Description	Line No.	Dollar Amount	
		01	00PLACED
		01%	00%
00 days of base	001		
01 days - 100 days	002		
101 days - 270 days	003		
271 days - 360 days	004		
361 days - 400 days	005		
401 days of base	006		
Total Account Description	007		

ENCLOSURE

Signature of Approving Official

Date

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Management and Budget, Department of Labor, Room 3033, 300 California Avenue, N.W., Washington, D.C. 20540 and to the Office of Management and Budget, Paperwork Reduction Project (12054-01), Washington, D.C. 20503.