

ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

1. DD Form 214, Armed Forces of the United States Certificate of Release or Discharge from Active Duty. A DD Form 214 is issued to all military personnel being separated from a period of active duty for training, full-time training duty, or active duty for special work when they have served 90 days or more, or when required by the Secretary of the Department of Defense for shorter periods. The Department of Defense Instruction 1336.1 of January 6, 1989, provides that personnel shall be furnished a DD Form 214 upon separation for cause or for physical disability, regardless of the length of time served on active duty.

Servicemembers who change their status or component while serving on active duty are also provided a completed DD Form 214 upon:

-- Discharge for immediate enlistment or reenlistment optional--at the discretion of the military services.

-- Termination of enlisted status to accept an appointment to warrant or commissioned officer grade.

-- Termination of a temporary appointment to accept a permanent warrant or commission in the Regular or Reserve components of the Armed Forces.

-- Termination of an officer appointment in one of the Military Services to accept appointment in another Service.

a. Copy No. 1 of DD Form 214. The original DD Form 214, Copy No. 1, contains only items 1 through 22 and will be "personally delivered" to each military separatee, before departure from the separating installation. This copy may be accepted by the State agency as evidence of military service. However, it does not provide the "Character of Discharge" or "Dates of Time Lost." Therefore, although it may be used as the basis for initiating an inquiry to LCCC, it may not be used by the State agency as the basis of UCX eligibility.

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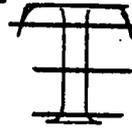
CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

(1) Facsimile of Copy 1 of Form DD 214.

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

| CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY | | | | | |
|---|----------------|---|--|--|--------|
| 1. NAME (Last, First, Middle) | | 2. DEPARTMENT, COMPONENT AND BRANCH | | 3. SOCIAL SECURITY NO. | |
| 4.a. GRADE, RATE OR RANK | 4.b. PAY GRADE | 5. DATE OF BIRTH (YYMMDD) | 6. RESERVE OBLIG. TERM. DATE Year Month Day | | |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY | | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) | | | |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | | | 8.b. STATION WHERE SEPARATED | | |
| 9. COMMAND TO WHICH TRANSFERRED | | | 10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ | | |
| 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years) | | 12. RECORD OF SERVICE | | | |
| R | | a. Date Entered AD This Period | Year(s) | Month(s) | Day(s) |
| | | b. Separation Date This Period | | | |
| | | c. Net Active Service This Period | | | |
| | | d. Total Prior Active Service | | | |
| | | e. Total Prior Inactive Service | | | |
| | | f. Foreign Service | | | |
| | | g. Sea Service | | | |
| | | h. Effective Date of Pay Grade | | | |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) | | | | | |
| K | | | | | |
| 14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) | | | | | |
| S | | | | | |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes | No | 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT | |
| | | | | Yes No | |
| 16. DAYS ACCRUED LEAVE PAID | | | | | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | | | | |
| Yes No | | | | | |
| 18. REMARKS | | | | | |
| H E | | | | | |
| 19.a. MAILING ADDRESS AFTER SEPARATION (include Zip Code) | | | 19.b. NEAREST RELATIVE (name and address - include Zip Code) | | |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS Yes No | | | | | |
| 21. SIGNATURE OF MEMBER BEING SEPARATED | | | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) | | |
| | | | E | | |

MEMBER - 1



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b. Copy No. 4 of DD Form 214. The difference between Copy No. 1 and 4 is that Copy No. 4 contains an additional section of special information, items 23 - 30. These items contain the information necessary to the determination of UCX entitlement and eligibility. This copy is also personally delivered to each military separatee before departure from the separating installation.

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b. Copy No. 4 of DD Form 214 - Cont'd.

(1) Facsimile of Copy No. 4 of DD Form 214.

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES **THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.** **ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID**

| CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY | | | |
|---|--|--|--|
| 1. NAME (Last, First, Middle) W W W | | 2. DEPARTMENT, COMPONENT AND BRANCH | |
| 3. SOCIAL SECURITY NO. | | 4. GRADE, RATE OR RANK | |
| 5. PAY GRADE | | 6. DATE OF BIRTH (YYMMDD) | |
| 7. PLACE OF ENTRY INTO ACTIVE DUTY | | 8. RESERVE OBLIG. TERM. DATE Year Month Day | |
| 9. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | | 10. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) | |
| 11. COMMAND TO WHICH TRANSFERRED | | 12. STATION WHERE SEPARATED | |
| 13. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) IR | | 14. SGLI COVERAGE Amount: \$ <input type="checkbox"/> None | |
| 15. RECORD OF SERVICE | | 16. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) K | |
| 17. a. Date Entered AD This Period b. Separation Date This Period c. Net Active Service This Period d. Total Prior Active Service e. Total Prior Inactive Service f. Foreign Service g. Sea Service h. Effective Date of Pay Grade | | 18. MILITARY EDUCATION (Course title, number of weeks and month and year completed) S | |
| 19. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No | | 20. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No | |
| 21. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No | | 22. DAYS ACCRUED LEAVE PAID | |
| 23. REMARKS IE | | | |
| 24. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) | | 25. NEAREST RELATIVE (Name and address - include Zip Code) | |
| 26. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS Yes No | | 27. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) IE | |
| 28. SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) | | | |
| 29. TYPE OF SEPARATION | | 30. CHARACTER OF SERVICE (Include upgrades) III | |
| 31. SEPARATION AUTHORITY | | 32. SEPARATION CODE | |
| 33. NARRATIVE REASON FOR SEPARATION | | 34. REENTRY CODE II | |
| 35. DATES OF TIME LOST DURING THIS PERIOD | | 36. MEMBER REQUESTS COPY 4 Initials | |

DD Form 214WS, NOV 88

Previous editions are obsolete.

U.S. GOVERNMENT PRINTING OFFICE: 1989-249-979, 22x25

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2. DD Form 215, Correction to DD Form 214, Certificate of Release or Discharge from Active Duty. DD Form 215 is issued by each branch of the Armed Forces to amend items incorrectly shown on, or to add data omitted from, the DD Form 214. When an ex-servicemember presents both DD Form 214 and a corresponding DD Form 215, properly completed, the State agency will use both forms to process a UCX claim. A copy of such DD Form 215 will be obtained for inclusion in the State agency's records together with the DD Form 214.

a. Facsimile of DD Form 215.

| | | |
|--|--|---|
| CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | | ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID |
| 1. NAME (Last, first, middle) | | 2. DEPARTMENT, COMPONENT AND BRANCH |
| 4. MAILING ADDRESS (Include ZIP Code) | | 3. SOCIAL SECURITY NO. (Also, Service Number if applicable) |
| 3. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW | | |
| ITEM NO. | CORRECTED TO READ | |
| | SEPARATION DATE ON DD FORM 214 BEING CORRECTED - _____ | |
| 6. DATE | 7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN | |

DD FORM 215
1 JUL 79
S/N 0102-LF-000-2150

PREVIOUS EDITIONS
OF THIS FORM ARE
OBSOLETE.

**CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR
DISCHARGE FROM ACTIVE DUTY**

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3. NOAA Form 56-16, Report of Transfer or Discharge. A NOAA Form 56-16 is issued to each commissioned officer separated from the National Oceanic and Atmospheric Administration (NOAA). This form is used by State agencies in the same manner as the DD Form 214 for determining entitlement to UCX benefits. Entries on the Form ETA 841 (ES-970) should be taken from the NOAA Form 56-16. Comparable items on Form ETA-841 and NOAA Form 56-16 are:

| <u>Item</u> | <u>Form ETA 841</u> | <u>NOAA Form 56-16</u> |
|---------------------------------|---------------------|------------------------|
| Name | 1 | 1 |
| SSN | 2 | 2 |
| Branch of Service | 6 | 3 |
| Character of Service | 7 | 12a |
| Narrative Reason for Separation | 8 | 10c/22 |
| Entry Date | 9 | 13c |
| Separation Date | 10 | 10d |
| Days Lost | 11 | 19 |
| Accrued Leave | 12 | 22 |
| Retiree | 14 | 10c & 12b |
| Pay Grade | 15 | 4b |

The Form ETA 843 will be used to help a former officer of NOAA obtain a NOAA Form 56-16 or information needed to process the UCX claim.

Form ETA 843 should be addressed to:

U.S. Department of Commerce
National Oceanic and Atmospheric
Administration (NOAA)
NOAA Corps Commissioned Personnel Center
Room 12100, Building 3
1315 East-West Highway
Silver Spring, Maryland 20910-3233*

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3. NOAA Form 56-16, Report of Transfer or Discharge. Cont'd

a. Facsimile of NOAA Form 56-16.

10/06/84 11:28 33817134140 NOAA/CPC 0002

THIS IS AN IMPORTANT DOCUMENT. SAFEGUARD IT

| | | | |
|---|---|--|--|
| NOAA FORM 56-16 | | U.S. DEPARTMENT OF COMMERCE | |
| NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION | | | |
| REPORT OF TRANSFER OR DISCHARGE | | | |
| PERSONAL INFORMATION | 1. LAST NAME - FIRST NAME - MIDDLE NAME | | 2. SOCIAL SECURITY NUMBER |
| | 3. BRANCH OF SERVICE COMMISSIONED CORPS NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION | 4a. GRADE | b. PAY GD. |
| | 6. U.S. CITIZEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 7. PLACE OF BIRTH <i>(City and State or Country)</i> | |
| PERSONAL INFORMATION | 8a. RELUCTIVE SERVICE NO. | | b. RELUCTIVE SERVICE |
| | LOCAL BOARD NO. | CITY, COUNTY, STATE, AND ZIP CODE | |
| TRANSFER OR DISCHARGE INFORMATION | 10a. TYPE OF TRANSFER OR DISCHARGE | | b. STATION OR INSTALLATION AT WHICH EFFECTED |
| | c. REASON AND AUTHORITY | | d. EFFECT DATE |
| PERSONAL INFORMATION | 11. LAST DUTY ASSIGNMENT | | 12a. CHARACTER OF SERVICE HONORABLE |
| | 13. CURRENT ACTIVE SERVICE a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> REAPPOINTMENT <input type="checkbox"/> OTHER <i>(Specify)</i> | | b. TERM OF SERVICE INDEFINITE |
| | 15. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE. <i>(Street or RFD, City, Country, State and Zip Code)</i> | | c. DATE OF ENTRY: MONTH DAY YEAR |
| PERSONAL INFORMATION | 14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE <i>(Street or RFD)</i> | | d. TYPE OF CERTIFICATE ISSUED |
| | 16. STATEMENT OF SERVICE | | e. DATE OF ENTRY: MONTH DAY YEAR |
| | 17. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS, AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: | | f. TYPE OF CERTIFICATE ISSUED |
| PERSONAL INFORMATION | 18. EDUCATION AND TRAINING COMPLETED: | | g. STATEMENT OF SERVICE |
| | 19. NON-PAY PERIODS TIME LOST <i>(Preceding two years)</i> | | h. STATEMENT OF SERVICE |
| PERSONAL INFORMATION | 20. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$100,000 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NONE | | i. STATEMENT OF SERVICE |
| | 22. REMARKS | | j. STATEMENT OF SERVICE |
| PERSONAL INFORMATION | 23. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE <i>(Street or RFD, City, Country, State and Zip Code)</i> | | 24. TYPED NAME, GRADE, AND TITLE OF AUTHORIZING OFFICIAL |
| | | | 25. SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN |
| | | | 26. DATE OF ISSUE |

NOAA FORM 56-16 (11-80)

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4. Form ETA 841 (Formerly ES Form 970), Request for Determination of Federal Military Service and Wages - UCX.

a. Facsimile of Form ETA 841.

Form ES-970 (Rev. 1-80)

| | | | | | | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--------------------------|----------------------|----------------------------|----|
| (STATE AGENCY) | | | | | | Local Office | | |
| REQUEST FOR DETERMINATION OF FEDERAL MILITARY SERVICE AND WAGES - UCX | | | | | | Date New Claim Filed | | |
| 1. Name (Last, First, Middle) | | | | 2. Social Security Number(s) | | | | |
| 3. Have you filed an unemployment compensation claim under any State or Federal law (UI, UCFE, UCX) since your most recent separation from active military service? | | | | | | | YES | NO |
| <small>(NOTE: Correct answer may be "YES" if you filed a claim even if you did not receive any benefit payments).</small> | | | | | | | | |
| 4. If "YES", When? | | | | 5. Where? | | | | |
| ACTIVE MILITARY SERVICE: (List all service, most recent first, any day of which was during the base or lag period.) | | | | | | | | |
| 6. Service Branch | 7. Character of Service | 8. Are you a Military Retiree? | | 9. Entry Date | 10. Separation Date | 11. Days Lost (Data) | 12. No. Days Accrued Leave | |
| | | YES | NO | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 13. Ending date of most recent accrued leave period: | | | | 14. Ex-Service Person's Last Pay Grade | E-- | W-- | O-- | |
| 15. HAVE YOU APPLIED FOR, OR ARE YOU RECEIVING, FROM THE VETERANS ADMINISTRATION: | | | | | | | YES | NO |
| a. A subsistence allowance for vocational rehabilitation training (38 U.S.C. ch. 31)? | | | | | | | | |
| b. A war orphan's or widow's educational assistance allowance (38 U.S.C. ch. 35)? | | | | | | | | |
| <small>CERTIFICATION: I, the claimant, hereby request a determination of Federal military service under the Federal UCX law (5 U.S.C. 8501 et seq.) with respect to all active military service performed in the last...18...months. I certify that the information shown above is, to the best of my knowledge, correct and complete. I am aware of the penalties for making false statements.</small> | | | | | | | | |
| 16. Claimant's Signature | | | 17. Date | 18. Interviewer's Signature | | | 19. Date | |
| 20. STATE AGENCY USE ONLY: If answer to Item 3 is "YES," was a benefit year established? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| 21. Ex-Servicemember's Wage Rate (From Federal Schedule; 20 CFR, part 614) | | | | a. Per Month \$ | b. Per Day \$ | | | |
| 22. Ex-Servicemember's Federal Military Service and Wages | | | | | | | | |
| a. Base Period* | | | | b. Lag Period* | | | | |
| QUARTER ENDING | FEDERAL MILITARY SERVICE | | FEDERAL MIL WAGES* | QUARTER ENDING | FEDERAL MILITARY SERVICE | | FEDERAL MIL WAGES* | |
| | Months | Days | | | Months | Days | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL UCX WAGES IN BASE PERIOD | | | \$ | TOTAL UCX WAGES IN LAG PERIOD | | | \$ | |
| <small>*NOTE: Federal military wages equal Federal military service multiplied by Item 21.</small> | | | | | | | | |
| 23. Date UCX Inquiry Made to LCCC | | | | | | | | |

24. If you believe any military service information on which this determination is based is incorrect or substantially incomplete, you may request reconsideration as follows:

(a) Information obtained from your separation papers:
Send a request directly to your branch of service and notify your local unemployment compensation claims office.

(b) Information supplied by the Veterans Administration:
File a request in your local unemployment compensation claims office for transmittal to the Veterans Administration.

These actions must take place by _____ File an appeal within such period to protect your appeal rights while your request under (a) or (b) is being considered. This office will assist you, if needed. If you appeal, you should continue to file claims until a final decision is rendered or you return to work.

ETA 841

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b. Purpose and Use. The Form ETA 841 is used to record information obtained from the claimant about prior filings and the receipt of allowances from the Department of Veterans Affairs and compile information from the DD Form 214 (and 215) to determine military service and wages for assignment and upon which to base a determination of UCX entitlement/eligibility. It is completed when an ex-servicemember files a UCX or Joint UCX/UI\UCFE "first claim" for unemployment compensation whether or not the claim results in assignment of Federal military service and wages.

Although the information posted in items 6 - 13 on the Form ETA 841 is taken from the DD Form 214, the ex-servicemember certifies under penalty of prosecution the validity of all information used in items 1 - 16 as the basis of UCX entitlement/eligibility. This certification is designed to deter an ex-servicemember from knowingly presenting an altered DD Form 214 and others from presenting fraudulent DD Form 214s to request UCX determinations.

State agency procedure should identify Local Office and Central Office duties and responsibilities with respect to the completion of the Form ETA 841. State agencies using self-applications for the new claims process, including mail claims, may ask the ex-servicemember to complete some items on the Form ETA 841.

NOTE: Pertinent DD Form 214 information received from the LCCC may be used to complete the Form ETA 841. Additionally, the State agency should base a determination of UCX entitlement/eligibility and issue payments based on a partially completed DD Form 214 supplemented by credible claimant statements certified on the Form ETA 841 (Form ES-970) while awaiting a reply to a Form ETA 843.

c. Preparation. Entries on this form will be typed or printed in ink.

(1) Local Office. Enter the identity of claimant's local office or the office of jurisdiction.

(2) Date New Claim Filed. Enter the actual date the new UCX claim is taken. The date may not necessarily be the effective date of the claim.

(3) Item 1. Enter the claimant's full name, as shown in item 1 of DD Form 214 (or 215). If the name on the UCX claim is different from the one appearing on DD Form 214 (e.g., last name of ex-servicemember changed by marriage), enter the name shown on DD Form 214 in parentheses and the claimant's current name without parentheses.

(4) Item 2. Enter the social security account number(s) shown in item 3 of the DD Form 214 or on any social security card(s) presented by the claimant, or obtained from any other

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voucher. If multiple numbers are shown, identify the source of each number, in parentheses, e.g., 123-45-6789 (DD Form 215). Include dashes between digits (e.g., 123-45-6789).

(5) Items 3-5. Mark the "Yes" or "No" block of item 3. Ensure that the claimant understands the parenthetical note following that question. If item 3 is marked "Yes", complete items 4-5 and mark the "yes" or "no" block of item 20.*

A "Yes" answer to item 3 shows that Federal military service and wages may have been assigned previously, either to the State in which the claim is being filed or to some other State. The State agency must determine if the prior claim resulted in a correct assignment of such service/wages. If "yes", a new assignment is not made. The State agency should determine if an additional or reopened claim will be filed, or if a new UCX claim for a second benefit year is necessary.

If the claimant answers "No" to item 3 and there is an unaccounted for period of time between separation and subsequent employment or claims filing, the claims interviewer should question the claimant to ensure the answer is correct.

(6) Items 6 Through 12. Enter information for all active U.S. military service in reverse chronological order, by separation dates, as shown in item 12b of the claimant's DD Form(s) 214, if one or more days occurred after the beginning of the State's base period for the effective date of the claim filed, whether intrastate, including combined wage, or interstate. If the first claim is filed as an interstate combined wage claim, record all the military service and wages occurring the beginning of the base period of the "paying State". In some instances, only day(s) of military accrued leave for which a lump-sum was paid, as allocated under law of the State of assignment, will occur in this period.

(a) Item 6. Enter the branch of the Armed Forces as shown in item 2 of the claimant's DD Form(s) 214. Abbreviations may be used: "A" (Army), "AF" (Air Force), "CG" (Coast Guard), "MC" (Marine Corps), and "N" (Navy).

(b) Item 7. Enter the character of service as shown in item 24 of the claimant's DD Form(s) 214.

(c) Item 8. Mark the "Yes" or "No" block. Retirement status is based on information that may be shown on the DD Form 214 or based on questioning the claimant.*

(d) Item 9. Enter the date the claimant entered active U.S. military service (duty) for the period of service shown in item 12a on the claimant's DD Form 214. This date shall be the date of enlistment for the earliest period of continuous active service for which a DD Form 214 was not previously issued.

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(e) Item 10. Enter the separation (effective) dates as shown in item 12b of the claimant's DD Form 214.

(f) Item 11. Enter beginning and ending dates of "days (time) lost" as shown in item 29 of the DD Form 214, or as determined from asking the claimant when only the number of days lost is shown without the dates. If a claimant does not know dates of days lost or the information provided appears to be questionable, the ETA 843 should be used to verify the information. If no days are lost, enter a zero "0".

(g) Item 12. Enter the number of days of military accrued leave for which a lump-sum payment was made as shown in item 16 of the DD Form 214 or on the final military pay voucher, or as determined from questioning the claimant. If there are no days of military accrued leave, enter a "zero" (0).

(h) Item 13. Enter the ending date of the period of military accrued leave, for which a lump-sum payment was made as allocated under State law, following the latest separation from active U.S. military service based on the information in items 10 and 12 of this form.

(i) Item 14.* Enter the ex-servicemember's last pay grade, i.e., E-, W-, or O-, as shown on the claimant's latest DD Form 214. When "Cadet" or "MIDN" (Midshipman) appears on DD Form 214, enter pay grade O-1. If the pay grade does not appear on the DD form 214, an ETA 843 should be sent to the appropriate branch of service.

(j) Item 15. (including a. through b.). Mark the "Yes" or "No" block for each of the two questions listed to indicate if the claimant is receiving or is entitled to receive an allowance from the Department of Veterans Affairs.*

(k)* Certification. The State agency should preprint the period of time (e.g., 18 months) or the claims interviewer should enter, the period in the certification statement. The period covered should be sufficient to cover the base period applicable to the ex-servicemember's claim, as appropriate.

(l)* Items 16-19.* The original copy of the Form ETA 841 will be signed and dated by both the claimant and the interviewer. For identification, should be compared with the signature appearing in item 21 of DD Form 214.

(m)* Item 20.* Mark the "Yes" or "No" block, as appropriate. If the answer is "Yes", the State agency must determine that the claimant's military service and wages have not been previously correctly assigned by another State prior to establishing a benefit year and authorizing payment of UCX benefits under its UI law.

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(e) Item 10. Enter the separation (effective) dates as shown in item 12b of the claimant's DD Form 214.

(f) Item 11. Enter beginning and ending dates of "days (time) lost" as shown in item 29 of the DD Form 214, or as determined from asking the claimant when only the number of days lost is shown without the dates. If a claimant does not know dates of days lost or the information provided appears to be questionable, the ETA 843 should be used to verify the information. If no days are lost, enter a zero "0".

(g) Item 12. Enter the number of days of military accrued leave for which a lump-sum payment was made as shown in item 16 of the DD Form 214 or on the final military pay voucher, or as determined from questioning the claimant. If there are no days of military accrued leave, enter a "zero" (0).

(h) Item 13. Enter the ending date of the period of military accrued leave, for which a lump-sum payment was made as allocated under State law, following the latest separation from active U.S. military service based on the information in items 10 and 12 of this form.

(i) Item 14. Mark the "Yes" or "No" block. Retirement Status is based on information that may be shown on the DD Form 214 or based on questioning the claimant.

(j) Item 15. Enter the ex-servicemember's last pay grade, i.e., E-, W-, or O-, as shown on the claimant's latest DD Form 214. When "Cadet" or "MIDN" (Midshipman) appears on DD Form 214, enter pay grade O-1. If the pay grade does not appear on the DD form 214, an ETA 843 should be sent to the appropriate branch of service.

(k) Item 16.a. through c.). Mark the "Yes" or "No" block for each question to indicate if the claimant is receiving or is entitled to receive an allowance from the Department of Veterans allowances.

(l) Certification. The State agency should preprint the period of time (e.g., 18 months) or the claims interviewer should enter, the period in the certification statement. The period covered should be sufficient to cover the base period applicable to the ex-servicemember's claim, as appropriate.

(m) Items 17-20. The original copy of the Form ETA 841 will be signed and dated by both the claimant and the interviewer. For identification, should be compared with the signature appearing in item 21 of DD Form 214.

(n) Item 21. Mark the "Yes" or "No" block, as appropriate. If the answer is "Yes", the State agency must determine that the claimant's military service and wages have not been previously correctly assigned by another State prior to

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establishing a benefit year and authorizing payment of UCX benefits under its UI law.

(o) Items 22-23. Complete items 22-23 based on the information contained in items 6 through 15 of this form. This information defines the service and wages assignable for the base and lag periods, as appropriate. When weeks of employment, or other employment information is necessary to a monetary determination, the State agency should adapt items 22-23 to record the necessary information.

Posting of the period of service and wages in these items is optional, if this information is included on the State agency's monetary determination.

(p) Item 22. Enter the claimant's monthly and daily wage rate. Calculate this information based on the claimant's pay grade at the time of separation from the latest period of Federal military service. This rate applies to the calculation of all military wages to be recorded in item 23 even if the claimant held other pay grades during the period of military service recorded.

(q) Items 23a and 23b. Enter the quarter ending dates, number of months and days of military service and total UCX wages during each such quarter applicable to the first claim. A State may wish to preprint the month and month-ending date of the last month of each calendar quarter, omitting the year, in the space provided.

Calculate the claimant's number of months and days of military service based on the information recorded in items 9 through 13 and total UCX wages based on the monthly and daily wage rate shown in item 22. (Employment and wages recorded for the lag period should be posted to the State's wage file or this form should be maintained for future use in determining base period employment and wages available for a subsequent benefit year.)

(r) Items 24a and 24b. Items 24a and b are for official use only and should only be completed on the State agency copies of this form. No entries will be made on the copy given to the claimant.

State agencies may use item 24a to record the claimant's ethnic group by entering the appropriate code number shown below:

Code 1 - W-NH - White, not Hispanic

Code 2 - B-NH - Black, not Hispanic

Code 3 - HISP - Hispanic

Code 4 - AI & AN - American Indian and Alaskan Native

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(n)* Items 21-22.* Complete items 21-22* based on the information contained in items 6 through 14 of this form. This information defines the service and wages assignable for the base and lag periods, as appropriate. When weeks of employment, or other employment information is necessary to a monetary determination, the State agency should adapt items 21-22* to record the necessary information.

Posting of the period of service and wages in these items is optional, if this information is included on the State agency's monetary determination.

(o)* Item 21.* Enter the claimant's monthly and daily wage rate. Calculate this information based on the claimant's pay grade at the time of separation from the latest period of Federal military service. This rate applies to the calculation of all military wages to be recorded in item 22* even if the claimant held other pay grades during the period of military service recorded.

(p)* Items 22a and 22b.* Enter the quarter ending dates, number of months and days of military service and total UCX wages during each such quarter applicable to the first claim. A State may wish to preprint the month and month-ending date of the last month of each calendar quarter, omitting the year, in the space provided.

Calculate the claimant's number of months and days of military service based on the information recorded in items 9 through 13 and total UCX wages based on the monthly and daily wage rate shown in item 22. (Employment and wages recorded for the lag period should be posted to the State's wage file or this form should be maintained for future use in determining base period employment and wages available for a subsequent benefit year.)

(q) Item 23. State agencies may use item 23 to record date inquiry was made to the LCCC.*

(r) Items 24a and 24b. Items 24a and b are used to request reconsideration of military service information that the ex-servicemember believes is incorrect or substantially incomplete and the State agency based its determination on that information.*

d. Number of Copies and Distribution. Sufficient copies of the Form ETA 841 are to be prepared for State agency use plus an additional copy for issuance to the claimant.

e. State Designed Alternative to Form ETA 841 (Formerly ES 970). A State agency may revise the Form ETA 841 to include the monetary determination and alter the collection of other information as necessary to the determination of entitlement/eligibility under the State law. If a State elects

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to alter the form, the redesigned form must include the entries contained on ETA 841 except that:

- (1) Items 21-22* may be omitted if such information is included on the UCX monetary determination form;
- (2) If the State uses employment and wages information by weeks, hours, days, etc., in its determination of entitlement, the State agency may modify items 21-22* as necessary; and
- (3) Items 25a and 25b may be added. However, these items are for official use only and should only be completed on the State agency copies of this form. No entries will be made on the copy given the claimant.*

State agencies may use item 25a to record the claimant's ethnic group by entering the appropriate code number shown below:

- Code 1 - W-NH - White, not Hispanic
- Code 2 - B-NH - Black, not Hispanic
- Code 3 - HISP - Hispanic
- Code 4 - AI & AN - American Indian and Alaskan Native
- Code 5 - Asian & Pac Is. - Asian and Pacific Islander
- Code 6 - INA - Information not available*

State agencies should leave item 25b blank.*

Any other proposed modification of this form should be submitted to the appropriate ETA Regional Office for review and approval.

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5. Form ETA 843, Request for Military Document and Information.

a. Facsimile of Form ETA 843.

| | | | |
|--|-------------------|--|---|
| (STATE AGENCY) REQUEST FOR MILITARY DOCUMENT/INFORMATION FOR UNEMPLOYMENT COMPENSATION PURPOSES - UCX | | FOR FEDERAL AGENCY USE ONLY | |
| | | FILE REFERENCE NUMBER | |
| | | LOCAL OFFICE | |
| | | DATE OF REQUEST | |
| 10: | | | |
| SECTION I. IDENTIFICATION DATA | | | |
| 1. NAME (Last, First, Middle) | | 2. SOCIAL SECURITY NUMBER | 3. DATE OF BIRTH |
| 4. SERVICE BRANCH | | 5. ENTRY DATE | 6. SEPARATION DATE |
| 7. PLACE OF SEPARATION | | 8. EX-SERVICEMEMBER'S LAST PAY GRADE | |
| 9. LAST DUTY ASSIGNMENT/COMMAND | | 10. INDICATE IF EX-SERVICEMEMBER WAS IN - <input type="checkbox"/> Military Reserve; or <input type="checkbox"/> National Guard | |
| 11. If 10 is marked, complete a through c. | | | |
| a. Reserve Branch | b. Beginning Date | c. Ending Date | |
| 12. OTHER DATA (Identify) | | 13. PRESENT ADDRESS | |
| SECTION II. DOCUMENT/INFORMATION REQUESTED | | | |
| MILITARY SERVICE OR RECORDS CENTER: Either DD Form 214 or military information, as indicated below, is necessary to determine Federal military service in connection with a claim for unemployment compensation for ex-servicemembers (5 U.S.C. 8521 et seq.). Complete Section III of this form. | | | |
| (*X appropriate box(es)) <input type="checkbox"/> 14. DD Form 214 is needed because: <input type="checkbox"/> a. form was not issued at time of separation; or <input type="checkbox"/> b. form was lost since issued. Forward DD Form to the address of the State employment security agency shown on reverse. <input type="checkbox"/> 15. Accrued leave days paid (number). | | <input type="checkbox"/> 16. Other (Identify; attach copy of DD Form 214): | |
| Release authorization: Please furnish the indicated document/information to the State agency shown on the reverse of this form. | | EX-SERVICEMEMBER'S SIGNATURE | DATE |
| SECTION III. FEDERAL AGENCY REPLY | | | |
| 17. (See item 14 above.) *X one only. | | a. <input type="checkbox"/> Copy of DD Form is attached | b. <input type="checkbox"/> Other (explain) |
| 18. (See item 15 above.) ACCRUED LEAVE DAYS PAID (Number) | | 19. OTHER DATA (as identified in item 16 above) | |
| 20. SIGNATURE OF AUTHENTICATION OFFICIAL AND TITLE | | 21. DATE (Month, Day, Year) | |

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Reverse Side

TO: *(For window envelope, type military activity address here)*

RETURN TO: *(For window envelope, Print or type State Agency's return address here)*

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b. Purpose and Use. The ETA Form 843 prescribed for State agency use in requesting or clarifying essential information, omitted or incorrect on the DD Form 214 or 215, needed to determine UCX entitlement and eligibility, including obtaining a copy of the DD Form 214 or 215, if requested by the claimant (Any reference to the DD Form 214/215 applies to the NOAA Form 56-16.). However, use of this form does not preclude the claimant from independently obtaining such document or information. The ETA 843 should not be used if information from the ICC will suffice.

The ex-servicemember is responsible for obtaining and presenting a legible and properly completed DD Form(s) 214/215 to the State agency when filing a "first claim" for benefits. Therefore, the State agency's function is limited to assisting the claimant in meeting this responsibility. The Form ETA 843 should not be used for nonessential purposes such as a mere convenience to the claimant to correct allegedly incorrect DD Form 214 entries for non-UCX purposes.

When the Form ETA 843 is used to request essential data omitted, or incorrectly shown on the DD Form 214, the completed Form ETA 843 supplements the DD Form 214 as a source document for the determination of UCX entitlement/eligibility.

To request a copy of the DD Form 214, the local office should send a Form ETA 843 request directly to the appropriate branch of the Armed Forces with a copy sent to the State agency's central office. When the Form ETA 843 is requesting clarification of essential data on DD Forms 214/215, the Form ETA 843 request should be reviewed by the State agency's central office prior to transmittal to ensure its necessity.

c. State Agency Adaptation of Form ETA 843. Each State agency must reproduce Form ETA 843 as designed by the Department except that it may print the form in a manner to provide for the addressee on the face of the form and to provide for the collection of information in the form needed by the State, i.e., weeks of employment.

d. Number of Copies and Distribution. The Form ETA 843 should be prepared in sufficient copies for State agency use, plus an additional copy for retention by the appropriate branch of the Armed Forces or by the military records center, as applicable. The original and at least one copy will be sent to the appropriate branch of the Armed Forces or the military records center when requesting information. For item 16 requests, a copy of DD Form(s) 214/215 will be attached to the Form ETA 843.

NOTE: In some cases, such as multipurpose requests to the Army and Marine Corps for military accrued leave data and for other omitted information, two separate Form ETA 8-43 requests will be sent.

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e. **Preparation.** The State agency will complete all entries in Sections I and II, as appropriate and obtain the claimant's signature. All State agency entries should be typed or printed in ink.

(1) **Section I - Identification Data.** Enter the appropriate information in all spaces provided in Section I, based on data on the ex-servicemember's DD Form 214 (if available) supplemented by questioning the claimant. If military information is needed from more than one branch of the Armed Forces, a separate Form ETA 843 should be prepared for each such branch. Dates of entry and separation in items 5 and 6 should conform to a specific period of service. If appropriate, complete items 10 through 11c after asking the claimant about his/her military reserve/National Guard status.

(2) **Document/Information Requested.** If item 14 is marked, mark either 14a or 14b, as appropriate. For requests sent to the Army and Marine Corps concerning both items 15 and 16, two separate Form ETA 843s are required.

If other information essential to the UCX claims determination process is required, mark item 16 and, if possible, attach a copy of DD Form 214. The following terminology must be used for all omissions of DD Forms 214 entries described in item 16:

- (a) "Entry date (item 12a) omitted on DD Form 214; please furnish."
- (b) "Separation (effective) date (item 12b) omitted on DD Form 214; please furnish."
- (c) "Character of service (item 24) omitted on DD Form 214; please furnish."
- (d) "Time (days) lost (item 29) omitted on DD Form 214; please furnish dates."
- (e) "Pay grade (E, W, or O) omitted on DD Form 214; please furnish."

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When requesting corrections of apparent errors or clarification of items shown on the DD Form 214, a copy of the DD Form 214 should be attached to the Form ETA 843 request and the information being questioned clearly identified.

The Form ETA 843 is not used by a State agency to verify the claimant's social security number. If a claimant presents the social security card, whether or not the number shown in item 3 of DD Form 214 agrees, the State should maintain the claimant's records under the number on the card and carry the additional number in the claim records files.

(3) Release Authorization. The Form ETA 843 request must always be signed and dated by the ex-servicemember.

f. Military Addresses.

(1) Obtaining Military Accrued Leave Information

| <u>Armed Forces Branch</u> | <u>Address</u> |
|----------------------------|---|
| Army | DFAS-IN-UCX Post Office Box 269399 Indianapolis, Indiana 46226-9399 |
| Marine Corps | Defense Finance and Accounting Service-Kansas City Center 1500 East 95th Street Kansas City, Missouri 64197-0001 |
| Air Force | HQ AFMPC/DPPTU ATTN: Mary Stigers 550 C Street West Suite 11 Randolph AFB, Texas 78150-4713* |

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| | |
|-------------|---|
| Coast Guard | Commander Coast Guard Personnel Command 2100 2nd Street, S.W. Washington, D.C. 20593-0001 CGPC-Adm-3 Attention: Valeria Smith* |
| Navy | Bureau of Naval Personnel Attn: Karen Stanton UCX Liaison Officer 5720 Integrity Drive Millington, TN 38055-3120* |

(2) Obtaining DD Forms 214. When the State agency helps the claimant to request a completed DD Form 214 or other essential information, excluding military accrued leave, it should direct the Form ETA 843 request to the appropriate address for the branch of the Armed Forces listed below:

| <u>Armed Forces Branch</u> | <u>Address</u> |
|----------------------------|---|
| Air Force | HQ AFMPC/DPPTU ATTN: Mary Stigers 550 C Street West Suite 11 Randolph AFB, Texas 78150-4713* |
| Army | DFAS-IN-UCX Post Office Box 269399 Indianapolis, Indiana 46226-9399 |
| Coast Guard | Commander Coast Guard Personnel Command 2100 2nd Street, S.W. Washington, D.C. 20593-0001 CGPC-Adm-3 Attention: Valeria Smith* |

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Marine Corps

- Officer in Reserves
 - Enlisted Code
 - Personnel in organized reserves
 - Personnel on the temporary disability retired list, and
 - All personnel separated less than 4 months.
- MC-HQ USMC
Code MMSB-15 (for SSN ending in 01-49) MMSB-14 (for SSN ending in 50-00)
2008 Elliot Road
Quantico, Virginia 22134-5030

Personnel in none of the above categories.

National Personnel Records Center
(Military Personnel Records)
9700 Page Boulevard
St. Louis Missouri 63132

Navy

Bureau of Naval Personnel
Attn: Karen Stanton
UCX Liaison Officer
5720 Integrity Drive
Millington, TN 38055-3120*

(3) Obtaining NOAA Form 56-16. When the State agency helps the claimant request a completed NOAA Form 56-16 or certain essential information generally shown on such a form, it should direct its request to:

NOAA Commissioned Personnel Center
1315 East West Highway, Room 12100
Silver Spring, Maryland 20910-3282
Attention: Steve Eisenberg*

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g. Follow-up Action.

(1) **No Response to Request for DD Form 214.** Since DD Form 214 is essential to UCX entitlement, the State agency should initiate prompt action on any delay in receiving such form when requested by a Form ETA 843. If all of the State agency's efforts are unsuccessful, the claimant should be advised that it will be his/her responsibility to follow-up. Without a DD Form 214 or information supplied by the LCCC, no UCX benefits will be paid, and a monetary determination should be withheld until a DD Form 214 is received. If a DD Form 214 is not received, a monetary determination of ineligibility for UCX benefits shall be made.

(2) **Request for Military Information.** If, after appropriate follow-up action by the State agency for data omitted on DD Form(s) 214/215, or for verification of data shown on such form(s), there is no response within 60 days after the initial Form ETA 843 was sent, the State agency will discontinue its follow-up actions and consider its tentative UCX determination to be final. However, if the branch of the Armed Forces later provides the requested information, the State agency should make any necessary redetermination of entitlement permitted under the State law.

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h. Federal Agency Reply. The appropriate branch of the Armed Forces or the military records center will complete the file reference number if used as an internal control designator and Section III of the Form ETA 843. The branch of the Armed Forces or the military records center will return the completed Form ETA 843 to the address provided by the State agency.

If the State agency used the Form ETA 843 to obtain a copy of the DD Form 214, upon receipt, a copy will be made for the agency's records and the original will be mailed or otherwise delivered to the claimant. If item 17b is marked, the failure of the military activity to attach a DD Form 214 will be explained.

6. Request for Military Record or Correction of Military Record. The DD Form 149 and Standard Form 180 may be reproduced by the State agency to provide for a claimant's use in obtaining required information from the military.

DD Form 149 (Application for Correction of Military Record Under the Provisions of Title 10, U.S. Code, Section 1552) and Standard Form 180 (Request Pertaining to Military Records) are recognized by each branch of the military and can be used by a claimant who may need a correction of their military records or some additional information pertaining to the military records. If the State agency decides to make these forms available to claimants, it will be the State agency's responsibility to reproduce the forms. The use of Form DD 149 and Standard Form 180 does not replace Form ETA 843.

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a. Facsimile of DD Form 149, Application for Correction of Military Record

| | | |
|--|---|--|
| APPLICATION FOR CORRECTION OF MILITARY RECORD UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552 <small>(Please read instructions on Page 2 BEFORE completing application.)</small> | | <small>Form Approved OAS No. 0704-0003 Expires Mar 31, 1996</small> |
| <small>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing this 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 Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0003), Washington, DC 20503.</small> | | |
| PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON PAGE 2 OF THIS FORM. | | |
| PRIVACY ACT STATEMENT | | |
| <small>AUTHORITY: Title 10, U.S. Code 1552, EO 8907. PRINCIPAL PURPOSE: To initiate an application for correction of military record. The form is used by Board members for review of pertinent information in making a determination of valid through expiration of a military record. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security number is solely to insure proper identification of the individual and does not constitute a request.</small> | | |
| 1. APPLICANT DATA | | |
| <small>a. BRANCH OF SERVICE (if any)</small> <input type="checkbox"/> 1) ARMY <input type="checkbox"/> 2) NAVY <input type="checkbox"/> 3) AIR FORCE <input type="checkbox"/> 4) MARINE CORPS <input type="checkbox"/> 5) COAST GUARD | | |
| <small>b. NAME (Last, First, Middle Initial) (Please print)</small> | | <small>c. PRESENT PAY GRADE</small> |
| | | <small>d. SERVICE NUMBER (if applicable)</small> |
| | | <small>e. SOCIAL SECURITY NUMBER</small> |
| <small>2. TYPE OF DISCHARGE (if by court-martial, state year of court)</small> | | <small>3. PRESENT STATUS, IF ANY, WITH RESPECT TO THE ARMED SERVICES (Active duty, Reserve, Retiree, etc.)</small> |
| | | <small>4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY</small> |
| <small>5. ORGANIZATION AT TIME OF ALLEGED ERROR IN RECORD</small> | | <small>6. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (Do not sign if the Government is not invited)</small> <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO |
| <small>7. COUNSEL (if any)</small> | | <small>8. ADDRESS (Street, City, State and Zip Code)</small> |
| <small>a. NAME (Last, First, Middle Initial)</small> | | |
| <small>9. I REQUEST THE FOLLOWING CORRECTION OF ERROR OR INJUSTICE:</small> | | |
| <small>10. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST IN THE FOLLOWING PARTICULARS:</small> | | |
| <small>11. IN SUPPORT OF THIS APPLICATION I SUBMIT AS EVIDENCE THE FOLLOWING (If Voluntary Administration Review or petition is your case, give Regional Office location and Case Number.)</small> | | |
| <small>12. ALLEGED ERROR OR INJUSTICE</small> | | |
| <small>a. DATE OF DISCOVERY</small> | <small>b. IF MORE THAN THREE YEARS SINCE THE ALLEGED ERROR OR INJUSTICE WAS DISCOVERED, STATE WHY THE BOARD SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER THIS APPLICATION.</small> | |
| | | |
| <small>13. APPLICANT MUST SIGN IN ITEM 15. IF THE RECORD IN QUESTION IS THAT OF A DECEASED OR INCAPACITATED PERSON, LEGAL PROOF OF DEATH OR INCAPACITY MUST ACCOMPANY APPLICATION. IF APPLICATION IS SIGNED BY OTHER THAN APPLICANT, INDICATE RELATIONSHIP OR STATUS BY MARKING APPROPRIATE BOX.</small> <input type="checkbox"/> a. SPOUSE <input type="checkbox"/> b. WIDOW <input type="checkbox"/> c. WIDOWER <input type="checkbox"/> d. NEXT OF KIN <input type="checkbox"/> e. LEGAL REP <input type="checkbox"/> f. OTHER (Specify) | | |
| <small>14. COMPLETE CURRENT ADDRESS, INCLUDING ZIP CODE (Applicant should forward notification of all changes of address.)</small> | | |
| | | <small>DOCUMENT NUMBER (Do not write in this space.)</small> |
| <small>15. DATE SIGNED</small> | <small>16. SIGNATURE (Applicant must sign here.)</small> | |
| | | |

DD Form 149, AUG 93

Previous editions are obsolete.

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a. Facsimile of DD Form 149, Application for Correction of Military Record - Cont'd

Reverse Side

| INSTRUCTIONS <i>(All data should be typed or printed)</i> | |
|---|--|
| <ol style="list-style-type: none"> 1. For detailed information see: Air Force Regulation 31-3; Army Regulation 15-165; Coast Guard, Code of Federal Regulations; Title 33, Part 52; or Navy, NAVEXOS P-473, as revised. 2. Submit only original of this form. 3. Complete all items. If the question is not applicable, mark "None." 4. If space is insufficient, use "Remarks" or attach additional sheet. 5. Various veterans and service organizations furnish counsel without charge. These organizations prefer that arrangements for representation be made through local posts or chapters. 6. List all attachments and enclosures. 7. ITEMS 6 AND 7. Personal appearance of you and your witnesses or representation by counsel is not required to ensure full and impartial consideration of applications. Appearance and representations are permitted, at no expense to the Government, when a hearing is authorized. 8. ITEM 8. State the specific correction of record desired. 9. ITEM 9. In order to justify correction of a military record, it is necessary for you to show to the satisfaction of the Board, or it must otherwise satisfactorily appear, that the alleged entry or omission in the record was in error or unjust. Evidence may include affidavits or signed testimony of witnesses, executed under oath, and a brief of arguments supporting application. All evidence not already included in your record must be submitted by you. The responsibility for securing new evidence rests with you. 10. ITEM 11. 10 U.S.C. 1552b provides that no correction may be made unless request is made within three years after the discovery of the error or injustice, but that the Board may excuse failure to file within three years after discovery if it finds it to be in the interest of justice. | |
| MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW | |
| ARMY | COAST GUARD |
| (For Active Duty Personnel) Army Board for Correction of Military Records Department of the Army, 2nd Floor 1941 Jefferson Davis Highway Arlington, VA 22202-4508 (For Other than Active Duty Personnel) CD, USARPCCEN ATTN: DARP-VCA-A 9700 Page Blvd. St. Louis, MO 63132-5200 | Chairman Board for Correction of Military Records (C-80) Department of Transportation 400 7th St., SW Washington, DC 20590 |
| NAVY AND MARINE CORPS | AIR FORCE |
| Board for Correction of Naval Records Department of the Navy Washington, DC 20370-8100 | Board for Correction of Air Force Records ATTN: SAFMIBR 550-C Street West A Wing, Basement Randolph AFB, TX 78150-4722 |
| 17. REMARKS (Applicant has authorized all appropriate channels in making this application and has been counseled by a representative of his/her serving military personnel office. (Applicable only to active duty and reserve personnel). | |

DD Form 149, AUG 83 (Page 2)

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b. Facsimile of Standard Form 180 Request Pertaining to Military Record

| | | | |
|---|---|--|--|
| REQUEST PERTAINING TO MILITARY RECORDS | | Please read instructions on the reverse. If more space is needed, use plain paper. | DATE OF REQUEST |
| <p>PRIVACY ACT OF 1974 COMPLIANCE INFORMATION. The following information is provided in accordance with 5 U.S.C. 552(a)(2)(C) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 12957 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility processing the records in locating and notifying the addressee of the requested records or information to ensure your inquiry. Because copy of the information as published and published in accordance with 5 U.S.C. 552(a)(4)(D) include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transmitted along with the record to another agency in accordance with the routine case established by the agency which contains the record. If the requested information is not provided, it may not be possible to service your inquiry.</p> | | | |
| SECTION I—INFORMATION NEEDED TO LOCATE RECORDS (Provide as much as possible) | | | |
| 1. NAME USED DURING SERVICE (Last, first, and middle) | | 2. SOCIAL SECURITY NO. | 3. DATE OF BIRTH |
| 4. PLACE OF BIRTH | | | |
| 5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below) | | | |
| BRANCH OF SERVICE (Also, show last organization, if known) | DATES OF ACTIVE SERVICE | | Check one |
| | DATE BEGAN | DATE RELEASED | REG. <input type="checkbox"/> MIL. <input type="checkbox"/> |
| | | | SERVICE NUMBER DURING THIS PERIOD |
| 6. RESERVE SERVICE, PAST OR PRESENT (If "none," check box <input type="checkbox"/>) | | | |
| BRANCH OF SERVICE | b. DATES OF MEMBERSHIP | | 1. Check one |
| | FROM | TO | REG. <input type="checkbox"/> MIL. <input type="checkbox"/> |
| | | | 2. SERVICE NUMBER DURING THIS PERIOD |
| 7. NATIONAL GUARD MEMBERSHIP (Check one <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. AIR FORCE <input type="checkbox"/> c. NONE) | | | |
| 8. STATE | 9. ORGANIZATION | c. DATES OF MEMBERSHIP | |
| | | FROM | TO |
| | | | d. Check one <input type="checkbox"/> REG. <input type="checkbox"/> MIL. <input type="checkbox"/> |
| | | | 4. SERVICE NUMBER DURING THIS PERIOD |
| 8. IS SERVICE PERSON DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," enter date of death) | | | 9. IS (WASI) INDIVIDUAL A MILITARY SERVICEMAN OR FLEET RESERVIST <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SECTION II—REQUEST | | | |
| 1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED, OR CHECK ITEM 2, OR COMPLETE ITEM 3 | | 2. IF YOU ONLY NEED A STATEMENT OF SERVICE check box <input type="checkbox"/> | |
| 3. LOST SEPARATION DOCUMENT BY PLACEMENT REQUEST (Complete a or b, c and d) | a. REPORT OF SEPARATION (DD form 214 or equivalent) | YEAR ISSUED | This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (Item 5 of this form). |
| | b. DISCHARGE CERTIFICATE | YEAR ISSUED | |
| c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST | | | |
| 4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED | | 5. REQUESTER | |
| | | a. IDENTIFICATION (check appropriate box) | |
| | | <input type="checkbox"/> Same person identified in Section I <input type="checkbox"/> Surviving spouse | |
| | | <input type="checkbox"/> Next of kin (relationship) _____ | |
| | | <input type="checkbox"/> Other (relationship) _____ | |
| | | b. SIGNATURE (see instructions 3 and 4 on reverse side) | |
| 6. RELEASE AUTHORIZATION, IF REQUIRED (Read instruction 3 on reverse side) I hereby authorize release of the requested information/documents to the person indicated at right (Item 7). VETERAN SIGN HERE <input type="checkbox"/> (If signed by other than veteran, show relationship to veteran.) | | 7. Please type or print clearly — COMPLETE RETURN ADDRESS Name, number and street, city, State and zip code TELEPHONE NO. (Include area code) <input type="checkbox"/> | |

**ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)**

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

**b. Facsimile of Standard Form 180 Request Pertaining to
Military Record - Cont'd**

Reverse Side

INSTRUCTIONS

1. Information needed to locate records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please give careful consideration to and answer each item on this form. If you do not have and cannot obtain the information for an item, show "N/A," meaning the information is "not available." Include as much of the requested information as you can. This will help us to give you the best possible service.
2. Charges for service. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee you will be notified as soon as that determination is made.
3. Restrictions on release of information. Information from records of military personnel is released subject to restrictions imposed by the military departments consistent with the provisions of the Freedom of Information Act of 1967 (as amended 1974) and the Privacy Act of 1974. A service person has access to almost any information contained in his own record. The next of kin (see item 4 of instructions) if the veteran is deceased and Federal officers for official purposes are authorized to receive information from a military service or medical record only as specified in the above cited Acts. Other requesters must have the release authorization, in item 5 of the form, signed by the

4. Precedence of next of kin. The order of precedence of the next of kin is: unmarried widow or widower, eldest son or daughter, father or mother, eldest brother or sister.
5. Location of military personnel records. The various categories of military personnel records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. For each military service there is a note explaining approximately how long the records are held by the military service before they are transferred to the National Personnel Records Center, St. Louis. Please read these notes carefully and make sure you send your inquiry to the right address. (If the person has two or more periods of service within the same branch, send your request to the office having the record for the last period of service.)
6. Definitions for abbreviations used below:
NPRC—National Personnel Records Center PERS—Personnel Records
TDRL—Temporary Disability Retirement List MED—Medical Records

| SERVICE | NOTE | CATEGORY OF RECORDS | WHERE TO WRITE ADDRESS CODE | |
|---------------------|--|---|-----------------------------|----------|
| AIR FORCE (USAF) | Air Force records are transferred to NPRC from Code 1, 90 days after separation and from Code 2, 30 days after separation. | Active members (includes National Guard on active duty in the Air Force), TDRL, and general officers retired with pay. | | 1 |
| | | Reserve, retired reservist in nonpay status, current National Guard officers not on active duty in Air Force, and National Guard released from active duty in Air Force. | | 2 |
| | | Current National Guard enlisted not on active duty in Air Force. | | 13 |
| | | Discharged, deceased, and retired with pay (except general officers retired with pay). | | 14 |
| COAST GUARD (USCG) | Coast Guard officer and enlisted records are transferred to NPRC 3-6 months after separation. | Active, reserve, and TDRL members. | | 3 |
| | | Discharged, deceased, and retired members (see next item). | | 14 |
| MARINE CORPS (USMC) | Marine Corps records are transferred to NPRC 4 months after separation. | Officers separated before 1/1/29 and enlisted personnel separated before 1/1/15. | | 6 |
| | | Active and TDRL members, reserve officers, and Class II enlisted reserves. | | 4 |
| | | Class III reservists and Fleet Marine Corps Reserve members. | | 5 |
| | | Discharged, deceased, and retired members (see next item). | | 14 |
| ARMY (USA) | Army records are transferred to NPRC as soon as processed (about 30 days after separation). | Officers and enlisted personnel separated before 1/1/1896. | | 6 |
| | | Reserve, living retired members, retired general officers, and active duty records of current National Guard members who performed service in the U.S. Army before 7/1/72.* | | 7 |
| | | Active officers (including National Guard on active duty in the U.S. Army). | | 8 |
| | | Active enlisted (including National Guard on active duty in the U.S. Army) and enlisted TDRL. | | 9 |
| | | Current National Guard officers not on active duty in the U.S. Army. | | 12 |
| | | Current National Guard enlisted not on active duty in the U.S. Army. | | 13 |
| | | Discharged and deceased members (see next item). | | 14 |
| | | Officers separated before 7/1/17 and enlisted separated before 11/1/12. | | 6 |
| NAVY (USN) | Navy records are transferred to NPRC 6 months after retirement or complete separation. | Officers and warrant officers TDRL. | | 8 |
| | | Active members (including reservists on active duty)—PERS and MED | | 10 |
| | | Discharged, deceased, retired (with and without pay) less than six months, TDRL, drilling and nondrilling reservists | PERS only MED only | 10 11 |
| | | Discharged, deceased, retired (with and without pay) more than six months (see next item)—PERS & MED. | | 14 |
| | | Officers separated before 1/1/03 and enlisted separated before 1/1/1886—PERS and MED | | 6 |

* Code 12 applies to active duty records of current National Guard officers who performed service in the U.S. Army after 6/30/72.

Code 13 applies to active duty records of current National Guard enlisted members who performed service in the U.S. Army after 6/30/72.

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE)—Where to write / send this form for each category of records

| | | | | | | | |
|---|--|---|---|----|---|----|--|
| 1 | USAF Military Personnel Center Military Personnel Records Division Randolph AFB, TX 78148 | 5 | Marine Corps Reserve Forces Administration Center 1300 E. Banister Road Kansas City, MO 64131 | 8 | USA MILPERCEN Attn: DAPC-P52-2 200 Stevill Street Alexandria, VA 22332 | 12 | Army National Guard Personnel Center Columbia Pike Office Building 5600 Columbia Pike Boulevard Falls Church, VA 22041 |
| 2 | Air Reserve Personnel Center 7300 East 1st Avenue Denver, CO 80280 | 6 | Military Archives Division National Archives & Records Service General Services Administration Washington, DC 20408 | 9 | Commander U.S. Army Enlisted Records and Evaluation Center P. Benjamin Harrison, IN 46249 | 13 | The Adjutant General (for the appropriate State, DC, or Puerto Rico) |
| 3 | Commandant U.S. Coast Guard Washington, DC 20390 | | | 10 | Chief of Naval Personnel Department of the Navy Washington, DC 20370 | | |
| 4 | Commandant of the Marine Corps Headquarters, U.S. Marine Corps Washington, DC 20380 | 7 | Commander U.S. Army Reserve Components Center 9700 Page Boulevard St. Louis, MO 63132 | 11 | Naval Reserve Personnel Center New Orleans, LA 70146 | 14 | National Personnel Records Center (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132 |