

**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.

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

**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								
<table border="1" style="margin-left: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>								

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

**CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS**

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.

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

**CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS**

**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) <b>W W W</b>		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		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	
10. COMMAND TO WHICH TRANSFERRED		8.b. STATION WHERE SEPARATED	
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.) <b>IR</b>		10. SGLI COVERAGE Amount: \$ <input type="checkbox"/> None	
12. RECORD OF SERVICE		13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>IK</b>	
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed)		15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes    No	
16. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes    No		15.a. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes    No	
16. DAYS ACCRUED LEAVE PAID		17. REMARKS <b>IE</b>	
18.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)		18.b. NEAREST RELATIVE (Name and address - include Zip Code)	
19. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS    Yes    No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>IE</b>	
21. SIGNATURE OF MEMBER BEING SEPARATED		23. TYPE OF SEPARATION	
24. CHARACTER OF SERVICE (Include upgrades)		25. SEPARATION AUTHORITY	
26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION		29. DATES OF TIME LOST DURING THIS PERIOD	
30. MEMBER REQUESTS COPY 4 Initials		31. MEMBER . 4	

DD Form 214WS, NOV 88      Previous editions are obsolete.      U.S. GOVERNMENT PRINTING OFFICE: 1989-249-979, 22x25

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

**CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS**

**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.**

<b>CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES</b>		<b>ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID</b>
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**

**MEMBER - 1**

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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\*

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

**CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS**

**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 (City and State or Country)	
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 MONTH DAY YEAR
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 (Specify)		b. TYPE OF CERTIFICATE ISSUED
	15. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE. (Street or RFD, City, County, State and Zip Code)		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (Street or RFD)
PERSONAL INFORMATION	16. STATEMENT OF SERVICE		17. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS, AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED:
	18. EDUCATION AND TRAINING COMPLETED:		19. NON-PAY PERIODS TIME LOST (Preceding two years)
PERSONAL INFORMATION	20. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$100,000 <input type="checkbox"/> OTHER: <input type="checkbox"/> NONE		21. VA CLAIM NUMBER
	22. REMARKS		
PERSONAL INFORMATION	23. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street or RFD, City, County, State and Zip Code)		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)

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

**CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS**

**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)

<b>( STATE AGENCY )</b>						Local Office		
<b>REQUEST FOR DETERMINATION OF FEDERAL MILITARY SERVICE AND WAGES - UCX</b>						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?				
<b>ACTIVE MILITARY SERVICE: (List all service, most recent first, any day of which was during the base or lag period.)</b>								
6.	7.	8.	9.	10.	11.	12.		
<small>Service Branch</small>	<small>Character of Service</small>	<small>Are you a Military Retiree?</small>	<small>Entry Date</small>	<small>Separation Date</small>	<small>Days Lost (Dates)</small>	<small>No. Days Accrued Leave</small>		
		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

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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.

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

(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.

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

**CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS**

(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

