

**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			
<p align="center">R</p>		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)					
<p align="center">K</p>					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed)					
<p align="center">S</p>					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
				Yes No	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes No					
18. REMARKS					
<p align="center">H E</p>					
19.a. MAILING ADDRESS AFTER SEPARATION (include Zip Code)			19.b. NEAREST RELATIVE (name and address - include Zip Code)		
<p align="center">E</p>					
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)			
		<p align="center">E</p>			

MEMBER - 1

**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)		2. DEPARTMENT, COMPONENT AND BRANCH	
3. SOCIAL SECURITY NO.		4. GRADE, RATE OR RANK	
5. PAY GRADE		6. DATE OF BIRTH (YYMMDD)	
7. RESERVE OBLIG. TERM. DATE		8. PLACE OF ENTRY INTO ACTIVE DUTY	
Year Month Day		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	
9.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		9.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		Years(s) Month(s) Day(s)	
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			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)			
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed)			
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
Yes No		Yes No	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			
Yes No			
18. REMARKS			
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 DIL OF VET AFFAIRS		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)	
Yes No			
21. SIGNATURE OF MEMBER BEING SEPARATED			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (Include upgrades)	
25. SEPARATION AUTHORITY		26. SEPARATION CODE	
28. NARRATIVE REASON FOR SEPARATION		27. REENTRY CODE	
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4	
		Initials	

DD Form 214WS, NOV 88

Previous editions are obsolete.

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

MEMBER - 4

**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.

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**

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
CURRENT ACTIVE SERVICE	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, Country, State and Zip Code)		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (Street or RFD)
CURRENT ACTIVE SERVICE	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)
CURRENT ACTIVE SERVICE	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		
OFFICIAL INFORMATION	23. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street or RFD, City, Country, 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)

(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

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

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

(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

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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.

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

- 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)	

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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)*

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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.

ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)
CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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."

ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)
CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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*

ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)
CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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*

ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)
CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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*

ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)
CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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.

ET HANDBOOK NO. 384
UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEMBERS (UCX)
CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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.

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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 refer applicants to Page 2 BEFORE making application)</small>		Form Approved OAS No. 0704-0003 Expires Mar 31, 1996
<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		
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 reputation 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 discriminate.		
1. APPLICANT DATA a. BRANCH OF SERVICE (if any) <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 b. NAME (Last, First, Middle Initial) (Please print) _____ c. PRESENT PAY GRADE _____ d. SERVICE NUMBER (if applicable) _____ e. SOCIAL SECURITY NUMBER _____		
2. TYPE OF DISCHARGE (if by court-martial, state year of court) _____ 3. PRESENT STATUS, IF ANY, WITH RESPECT TO THE ARMED SERVICES (Active duty, Reserve, Retiree, etc.) _____ 4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY _____		
5. ORGANIZATION AT TIME OF ALLEGED ERROR IN RECORD _____		6. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (Do not sign if the Government is not) <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
7. COUNSEL (if any) _____ a. NAME (Last, First, Middle Initial) _____		b. ADDRESS (Street, City, State and Zip Code) _____
8. I REQUEST THE FOLLOWING CORRECTION OF ERROR OR INJUSTICE: _____ 9. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST IN THE FOLLOWING PARTICULARS: _____		
10. 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.) _____		
11. ALLEGED ERROR OR INJUSTICE a. DATE OF DISCOVERY _____ 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. _____		
12. APPLICANT MUST SIGN IN ITEM 13. 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. <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) _____		
13. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 10, Sec. 2071, penalty a penalty of not more than \$10,000 fine or not more than 5 years imprisonment or both.)		
14. COMPLETE CURRENT ADDRESS, INCLUDING ZIP CODE (Applicant should forward notification of all changes of address.) _____		DOCUMENT NUMBER (Do not write in this space.) _____
15. DATE SIGNED _____	16. SIGNATURE (Applicant must sign here.) _____	

DD Form 149, AUG 93

Previous editions are obsolete.

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

CHAPTER VI - FORMS AND COMPLETION INSTRUCTIONS

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>	
<p>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.</p> <p>2. Submit only original of this form.</p> <p>3. Complete all items. If the question is not applicable, mark "None."</p> <p>4. If space is insufficient, use "Remarks" or attach additional sheet.</p> <p>5. Various veterans and service organizations furnish counsel without charge. These organizations prefer that arrangements for representation be made through local posts or chapters.</p> <p>6. List all attachments and enclosures.</p> <p>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.</p> <p>8. ITEM 8. State the specific correction of record desired.</p> <p>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.</p> <p>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.</p>	
MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW	
ARMY	COAST GUARD
<p>(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</p> <p>(For Other than Active Duty Personnel) CD, USARP/PCEN ATTN: DARP/VSAA 9700 Page Blvd. St. Louis, MO 63132-5200</p>	<p>Chairman Board for Correction of Military Records (C-80) Department of Transportation 400 7th St. SW Washington, DC 20580</p>
NAVY AND MARINE CORPS	AIR FORCE
<p>Board for Correction of Naval Records Department of the Navy Washington, DC 20370-8100</p>	<p>Board for Correction of Air Force Records ATTN: SAFMIBR 550-C Street West A Wing, Basement Randolph AFB, TX 78150-4722</p>
<p>17. REMARKS (Use this box to advise the channels in making this selection and has been counseled by a representative of either serving military personnel or other.) (Applicable only to active duty and reserve personnel.)</p>	

DD Form 149, AUG 83 (Page 2)

