

UCFE INSTRUCTIONS FOR STATE AGENCIES

CHAPTER IV - UCFE CLAIMS PROCESS

1. Taking UCFE First Claims.

A new UCFE claim is a request for determination of eligibility for UC for Federal civilian employees. This claim may be based on only Federal civilian employment and wages, or may also include Federal military service and wages or State-covered employment and wages. The claimant may file a UCFE-only claim, or a joint claim: UCFE-UCX, UC-UCFE, or UC-UCFE-UCX; an intrastate, interstate, or combined-wage claim, depending on the source of employment and wages on which unemployment benefits may be payable.

An interstate UCFE claim will be taken when a claimant's Federal civilian service and wages are assignable to a State other than the State in which the claimant files the initial claim. When a claimant has UCFE wages assignable to more than one State and is separately eligible under different States' laws, the claimant may elect to file against either State in the same manner as any claimant with eligibility in different States. The claimant, having employment in more than one State, may also elect to file a combined-wage claim.

a. **Presentation of SF-8 by the Claimant.** To the extent possible, before a new UCFE claim is taken, the claims interviewer must determine whether the claimant was a civilian employee of the Federal Government during the State's base period that is applicable to his or her claim. A UCFE claimant must be asked to present the SF-8 at the time a new claim is filed for UCFE. In order that the claimant may understand the request more clearly, the claims interviewer should show the claimant a sample copy of an SF-8.

Generally, intermittent or on-call employees, such as substitute postal clerks, crop insurance adjusters, and persons who are paid only "when actually employed" (WAE's), will receive a SF-8 only once during a calendar year. Normally, it will be issued the first time they are placed in nonpay status by the Federal employer.

The SF-8 provides for the SWA's use, the parent Federal agency name, 3-Digit Federal Agency Code, component name/symbol, and complete address to which the request for separation and wage information (Forms ES-931, etc.) should be sent. A Federal agency contact person/organizational unit and complete telephone number should be provided by the Federal agency.

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Possession of a SF-8 is not proof that a claimant is a Federal employee or that the person has UCFE entitlement.

Individuals entitled to UCFE benefits must meet all the eligibility requirements of the paying State's law in order to receive UCFE benefit payment.

When a claimant does not present an SF-8, the address for the Federal agency should be obtained from the central office listing. Each SWA's central office has the responsibility for maintaining a current list of Federal agency addresses. This information should be updated by the State agency from recently completed Forms ES-931 or from information provided by the UIS.

Instances of failure of the Federal agency to furnish an SF-8 should be called to the attention of the appropriate Federal agency. Notification may be accomplished by correspondence, telephone call, or personal visit. The importance of the form in expediting UCFE claims processing should be stressed. If a Federal installation's failure to issue the forms is either widespread or continuous, the local office should notify the SWA's central office to arrange for appropriate coordination to visit the Federal installation.

b. **Interviewing the UCFE Claimant.** The claims interviewer will determine whether or not the claimant has previously filed a new UCFE claim, either since his or her most recent separation from Federal civilian employment or, if such employment was of short duration, within the last 12 months. Questions are to be asked orally of each potential new UCFE claimant to determine if he/she should file a new, additional, or reopened claim. These questions may be added to the State UC new-claim form to expedite the interviewing process. The claimant should also be questioned about any out-of-State claims since, instead of taking a new intrastate UCFE claim, an additional or reopened interstate UCFE claim might be appropriate.

If a new UCFE claim was not previously filed, the claims interviewer should then ascertain, the State to which Federal civilian service and wages are assignable, so that the type of new UCFE claim, intrastate, interstate, or combined-wage, may be determined. The SF-50 (item 39, Duty Station) provides this information. Also, if a new intrastate UCFE claim is taken, the SWA should ensure that Federal civilian service and wages previously assigned to another State are not used again in making a UCFE monetary determination. The claims interviewer should, as a minimum requirement, review the claimant's work history since the beginning of the State's base period that is applicable to

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the claim. Completion of Form IB-1 will adequately cover this area for new interstate UCFE claims.

Forms ES-931, Request for Wage and Separation Information-UCFE are to be sent to all Federal agencies that provided base year and/or lag quarter employment.

The same intrastate claim forms (for internal use by the State agency) and procedures used for new State-UC claims will also be used for new UCFE claims, except the letters "UCFE" are to be added on the face of the new-claim form.

SWA forms used for UC claimants requesting separation information should not be sent to Federal agencies.

The benefit year will be determined in accordance with liable State (the State which will pay benefits) Law.

Generally, all interstate forms and procedures published in ET Handbook No. 392 apply to interstate UCFE claims. The optional use of the Claimant/Employer Separation Statement, Form IB-3, does not apply to Federal employment. This form is not to be sent to a Federal agency or a Federal agency's representative. The liable State will initiate an ES-931 to the Federal agency (or its representative) to obtain both separation and wage information.

2. New Interstate Claims.

The claimstaker must ensure that the claimant has answered questions 1 thru 17 of the Initial Interstate Claim, Form IB-1, in a complete and legible manner and must complete items A thru M and items 18 thru 20 of the form. If, at the time of filing, the claimant has available a Notice to Federal Employee About Unemployment Compensation, Form SF-8, the claimstaker should ensure that the agency address where wage and separation information may be obtained as stated on the SF-8 is provided on the Form IB-1. Such address should be entered in space for "payroll address" in Item 15, "Work Record" if it is different from the address of the place of employment in the same item. If the claimant does not present an SF-8, the claimstaker should follow intrastate procedures for ensuring that the correct payroll office address is provided to the liable State for use on Form ES-931.

The agent State is required to complete a Form ES-935 and provide it to the liable State with each new UCFE claim. If the claimant does not have proof of earnings, advise the claimant that such

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proof may be requested by the liable State. Agent State processing of the initial claim should not be delayed pending proof of earnings provided on the Form ES-935.

3. Introduction to Form ES-931, Request for Wage and Separation Information-UCFE.

Form ES-931 is used by the local office and the Interstate Claims Office to obtain Federal civilian employment, wage, and separation information whenever an individual files a potential "first claim" (UCFE), as defined in the Federal UCFE regulations (20 CFR 609.2 (j)).

If two or more States are involved, a Form ES-931 may be used by any of the following: agent State (e.g., new interstate UC claim, UCFE service/wages assignable to agent State), liable State (new interstate UCFE claim), or even a third State. A completed Form ES-931 serves as the basis for determining the individual's creditable Federal civilian service and wages, as well as the reason for separation from the most recent Federal employing agency.

a. A Form ES-931 is sent:

(1) to each Federal agency for which the claimant worked during the base period, and/or lag period, up to the date of separation,

(2) to the last Federal agency for which the claimant worked if the most recent Federal employing agency is other than the Federal agency for which the claimant worked during the base period.

Form ES-931 is to be prepared in the local office or liable State unit and sent to the Federal agency on the same day the new claim is taken or claim documents are received in the liable State unit.

Form ES-931 is used to obtain wage data in the base period and up to the date of separation which may occur after the base period (lag period or lag quarter wages).

The Standard Form 8 (SF-8) is used by the SWA to complete the parent Federal agency name, 3-Digit Federal Agency Code, component name/symbol, and address on the Form ES-931.

The Form ES-935, Claimants Affidavit of Federal Civilian Service, Wages and Reason for Separation is completed by the claimant with

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the Form ES-931. The Form ES-935 provides the claimant's statement of the reason for separation and wage information. Forms ES-931 and ES-935 are mailed by the SWA to the Federal agency's address on the SF-8.

NOTE: When the SWA does not receive the Federal agency response within 12 days of the request date, the SWA will issue a financial and non-monetary determination on the basis of the claimant's information as provided on the Form ES-935.

States using a computer generated Form ES-931 may include the claimant's statement from the Form ES-935 on a computer printout in lieu of attaching the form.

Generally, wages will be requested for the base period (a one year period specified in State law that precedes the effective date of the claim) and the period subsequent to the base period. Federal law (5 U.S.C. 8504) requires the assignment of all Federal civilian wages, preceding the effective date of a first claim, that establishes a benefit year.

a. **Authorization for Release of Information.** The Privacy Act of 1974 allows a Federal agency to provide wage and separation information to a SWA from general personnel records, including Official Personnel Folders, in connection with the determination of a former Federal employee's entitlement/eligibility for UC. Such disclosure is considered compatible with the purposes of the system of records and is included within the routine uses permitted for those records.

However, separation information pertaining to **probationary employees and other employees without appeal rights in cases of removal may not be maintained** in the Official Personnel Folders. Therefore, the release of such separation information may require a signed consent of disclosure unless the individual Federal agency has included the SWA as a user, and the UC program as a purpose of use, in its annual notice published in the Federal Register concerning the system of records used to maintain such information. Although the Form ES-931 provides for obtaining a signed consent from the claimant, when necessary, the lack of a signed authorization does not preclude the Federal agency from responding to the State's request for information, except as stated above.

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b. Form ES-931

ES-931 - REQUEST FOR WAGE AND SEPARATION INFORMATION - UCFE

STATE AGENCY NAME:	LOCAL OFFICE:	DATE NEW CLAIM FILED:
	CONTACT:	DATE OF REQUEST:
	TELEPHONE:	DATE TO LOC:

SECTION I. IDENTIFICATION DATA

1. NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY)) _____

2. SOCIAL SECURITY NUMBER _____

3. BIRTH DATE (MM/DD/YY) _____

4. POSITION TITLE _____

5. PLACE OF EMPLOYMENT (CITY, STATE OR COUNTRY) _____

6. SEPARATION DATE (MM/DD/YY) _____

7. IS FEDERAL AGENCY ADDRESS BASED ON IP #? YES NO

8. CLAIMANT WAS: _____

REGULAR FULL-TIME EMPLOYEE INTERMITTENT OR PART-TIME EMPLOYEE

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: COMPLETE SECTION II AND RETURN WITHIN 4 WEEKS

1. FEDERAL FINDINGS TO DETERMINE FEDERAL CIVILIAN SERVICE

A. DID THIS PERSON PERFORM "FEDERAL CIVILIAN SERVICE" AS DEFINED FOR UCFE PURPOSES FOR YOUR AGENCY AT ANY TIME DURING THE BASE PERIOD SHOWN IN ITEM 2. A. ABOVE? YES NO IF "NO" ANSWER QUESTIONS B THRU F.

B. UNDER WHAT LEGAL AUTHORITY WAS INDIVIDUAL HIRED? _____

C. WHAT FUNDING SOURCE WAS USED FOR SALARY PAYMENTS? _____

D. WERE PAYROLL DEDUCTIONS MADE FOR FEDERAL AND STATE TAXES? YES NO

E. WAS EMPLOYEE ELIGIBLE FOR:

(1). ANNUAL AND SICK LEAVE? YES NO (2). HEALTH AND LIFE INSURANCE? YES NO

(3). CIVIL SERVICE OR PERS. RETIREMENT? YES NO

F. DID THE FEDERAL AGENCY PROVIDE DIRECTION AND CONTROL? YES NO

G. DUTY STATION: ENTER STATE OF THIS PERSON'S LAST EMPLOYMENT WITH YOUR AGENCY (OR IF OUTSIDE U.S. ENTER COUNTRY) _____

*NOTE: IF "NO" TO B., B(1) THRU B(3) OR F EXPLAIN ON SEPARATE ATTACHMENT!

2. FEDERAL WAGES /SECTION I CORRECTIONS

<p>A. REPORT OF WAGES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">QUARTER ENDING</th> <th style="text-align: left;">YEAR</th> <th style="text-align: left;">GROSS WAGES</th> </tr> </thead> <tbody> <tr><td> </td><td>19</td><td>\$</td></tr> <tr><td> </td><td>19</td><td>\$</td></tr> <tr><td> </td><td>19</td><td>\$</td></tr> <tr><td> </td><td>19</td><td>\$</td></tr> <tr><td> </td><td>19</td><td>\$</td></tr> <tr><td> </td><td>19</td><td>\$</td></tr> </tbody> </table>	QUARTER ENDING	YEAR	GROSS WAGES		19	\$		19	\$		19	\$		19	\$		19	\$		19	\$	<p>B. REPORT OF DUTY HOURS</p> <p>NUMBER OF DUTY HOURS: _____ WORKDAY _____ BASIC WORKWEEK</p> <p>C. IDENTIFICATION OF INCORRECT DATA SHOWN IN SECTION I. ENTER CORRECTIONS BELOW:</p>
QUARTER ENDING	YEAR	GROSS WAGES																				
	19	\$																				
	19	\$																				
	19	\$																				
	19	\$																				
	19	\$																				
	19	\$																				

B. TERMINAL ANNUAL LEAVE, SEPARATION AND SEVERANCE PAY INFORMATION

A. DID THIS PERSON RECEIVE A LUMP-SUM PAYMENT(S) FOR TERMINAL ANNUAL LEAVE ON OR AFTER THE BEGINNING DATE OF THE BASE PERIOD SHOWN IN 2. A. ABOVE? YES NO IF "YES", OR IF CURRENTLY ENTITLED TO MAKE A PAYMENT, RECORD DATES BELOW FOR EACH PAYMENT OF ENTITLEMENT SINCE SUCH DATE.

PAYMENT DATE: ___/___/___ DAYS OF LEAVE: _____

PERIOD FROM: TIME: ___/___/___ DATE: ___/___/___ TO: TIME: ___/___/___ DATE: ___/___/___

B. DATE OF SEPARATION: ___/___/___ C. LAST DAY OF ACTIVE PAY STATUS: ___/___/___

D. REASON FOR SEPARATION OR NONPAY STATUS: _____

E. DID THIS PERSON RECEIVE OR IS HE/SHE ENTITLED TO RECEIVE SEVERANCE PAY PROVIDED BY FEDERAL LAW OR AGENCY EMPLOYEE AGREEMENT? YES NO IF "YES", COMPLETE THE FOLLOWING INFORMATION: TOTAL ENTITLEMENT: \$ _____

WEEKLY ENTITLEMENT \$ _____ NUMBER OF WEEKS: _____ BEGINNING DATE: ___/___/___ ENDING DATE: ___/___/___

SECTION III

A. SIGNATURE OF OFFICIAL: _____ DATE: _____

B. NAME OF PARENT FEDERAL AGENCY, 3-DIGIT FEDERAL AGENCY CODE, AND ADDRESS (IF DIFFERENT FROM ADDRESS SHOWN BELOW).

FEDERAL AGENCY, 3 DIGIT FEDERAL AGENCY CODE AND ADDRESS.

(STATE AGENCY TO COMPLETE)

PRINT NAME: _____

TITLE: _____

TELEPHONE: () _____

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C. Reverse of Form ES-931

IMPORTANT NOTICE

If a completed Form ES-931 is not received in this office by the 12th calendar day from the date the first request was made, this agency may pay benefits to the claimant based on his/her affidavit as provided by Department of Labor's Regulation at 20 CFR 609.6(e)(2). Any benefit payments made to the claimant will be charged to the Federal employing agency(ies) in accordance with Section 1023, P.L. 96-499, Omnibus Reconciliation Act of 1980 (94 Stat. 2599).

COMPLETION INSTRUCTIONS TO FEDERAL AGENCY (ALSO: SEE FRONT OF THIS FORM)

As an alternative to completing this form, attaching computer printouts containing complete data are acceptable if procedure and forms were cleared with U.S. Department of Labor (attn: TELUM) Washington D.C. 20210.

State agency has completed Section I, Identification Data, and Section II, item 2.A. Report of Wages, Quarter Ending and Year for base-period calendar quarters. Section II, item 1.A. asks if the individual performed "Federal Civilian Service". If the Federal agency response is "NO", Questions 1.B. thru 1.F. are to be completed. Item 1.G. will be answered when the individual has performed "Federal Civilian Service". The information is available on the SF-50 or Payroll records. Provide a separate attachment if necessary.

Items 2.A., 2.B., and 2.C. For item 2.A., enter, either gross wages, when paid, in Federal Civilian Service or "none" if no wages for that period. Do not include as wages: (1) severance pay; (2) lump sum payment(s) for terminal annual leave, or (3) any other type of separation payment. For item 2.B., enter hours, such as 8 and 40 for full-time employee. For item 2.C., enter only Section I corrections, such as social security number shown on Federal agency's records.

Item 3.A. Enter data requested, generally self-explanatory.

Items 3.B. and 3.C. Enter dates requested. The date in item 3.C., includes annual and sick leave days if earlier than the date of separation (3.B.) or if employee is not separated.

Item 3.D. Obtain agency findings from SF-50: Item 5-B "Nature of Action" and item 45, "Remarks", or, if SF-50 not used, record equivalent information from other separation document(s) your agency used. See Federal Personnel Manual (FPM) Supplement 296-33 for standards on work connected "Resignation" cases, carefully review FPM requirements applicable since January 1, 1982. If payroll office records are incomplete or inadequate, or if information on SF-50 is not sufficient, check with personnel for additional information and add as part of separation information, ATTACH COPIES OF DOCUMENTS, IF APPROPRIATE.

NOTE: In addition to the separation information reported in item 3.D., a representative of your agency may visit the local office to present information. If your agency desires to provide information in person, please indicate in item 3.D.

Item 3.E. Self-explanatory.

Section III.A. Form is not complete unless it (or attached computer printout) is signed and dated; also enter signer's title and telephone number.

Section III.B. Self-explanatory.

RETURN COMPLETED FORM TO STATE AGENCY!
(State Agency Address)

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d. **Completion of the Form ES-931.**

(1) **Sources of data.** Information included in Section I of Form ES-931 by the SWA is obtained from:

- (a) Information on Forms SF-8 and SF-50;
- (b) SSN card; and
- (c) Questioning the claimant.

(2) **SWA adaptation.** Each SWA is required to reproduce entries contained on Form ES-931, except that item 3e of Section II (regarding severance pay) is optional. In States in which "weeks of employment" or "hours worked" information is required, the SWA may modify item 2.a. of Section II. as necessary; a SWA may also insert the Federal agency's address on the face of the form in lieu of using the reverse for this purpose.

Any other proposed modification of Form ES-931 by a SWA should be submitted to the USDOL National Office through the appropriate Employment and Training Administration Regional Office for review and approval prior to its use. (This procedure applies also to Forms ES-931A, ES-933, ES-934, ES-936, and ES-939.)

(3) **Number of copies and distribution.** Sufficient copies of Form ES-931 are to be prepared for SWA use plus an additional copy for retention by the Federal agency. The original and at least one copy will be submitted by the local office to the appropriate Federal agency payroll office except as otherwise directed by the Employment and Training Administration in specific cases. The Federal agency will return the form to the address printed or typed in the return-address space. Indicia return envelopes should not be included in mailings to Federal agencies. When the original Form ES-931 request is sent to the Federal agency, a copy of Form ES-931 should be maintained in the SWA's central office records.

(4) **Preparation of Form ES-931.** The Form ES-931 is initiated by the SWA and forwarded to the Federal agency the same day the claim is filed. In order to expedite the claims process, the Form ES-931 does not need to be typed, as long as it is legible.

(5) **Heading.** Completion by local office (SWA).

(a) **Local Office.** Enter the identification and location of the office preparing the form. In addition, a

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telephone number (including area code) of a contact person and/or office must be provided in the "local office" box.

(b) **Date new claim filed.** Enter the actual date the new UCFE claim is taken. The "actual date" may not necessarily be the effective date of the claim.

(c) **Date of request.** Enter the date Form ES-931 is prepared and sent to the Federal agency.

(d) **Date to FCCC.** Enter date information was transmitted to the FCCC.

(6) **Section I. Completion by local office.**

(a) **Item 1.** Enter the claimant's full name plus maiden name, if any, in parentheses--e.g. Elliot, Sara (Johnson). Obtain data from item 1 of the SF-50, other official document, State new-claim form, or by questioning claimant.

(b) **Item 2.** Enter all of the SSN(s) shown in item 2 of the claimant's SF-50 or on any SSN card(s) presented by the claimant, or obtained from any other official document, such as a W-2 Form, identifying each number, in parentheses, as to source: e.g., SF-50. Include the dashes between digits (e.g., 123-45-6789).

(c) **Item 3.** Enter the date of birth (e.g., 3-1-80) shown on item 3 of claimant's SF-50, other official document, State new-claim form; or obtain by questioning claimant. Completion of this item is necessary to assist the Federal agencies identification of a former employee's records.

(d) **Item 4.** If the claimant has an official document which shows his/her position (job) title, this information can be used to complete item 4. This information may be obtained from item 7 or item 15 of the SF-50. Otherwise, question the claimant as to his/her position (job) title.

(e) **Item 5.** Enter the city and State (or city and country, if outside U.S.--e.g., Ottawa, Canada) of the claimant's most recent Federal civilian employment with the agency to which Form ES-931 is addressed. Obtain data from: claimant's SF-8; item 39 of claimant's SF-50, other official documents presented; or by questioning claimant.

(f) **Item 6.** Enter the date of separation or the date of the last day of active pay status. The latter date is to be entered if it is earlier than the date of separation or if the

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employee has not been separated. Completion of item 6 will assist Federal agencies in the identification of a former employee's records. Obtain above information from item 4 (Effective Date) of SF-50, from other official documents presented, or by questioning claimant.

(g) **Items 7a and 7b.** Make appropriate entry.

(h) **Items 8a and 8b.** Mark appropriate boxes.

(i) **Claimant's signature.** A signed Privacy Act release statement is no longer required from a claimant. However, if a State law requires all claimants to sign a Privacy Act release statement, then the UCFE claimant would also be required to sign a Privacy Act release statement.

(7) **Section II. Federal Agency Reply.**

(a) **Item 1.** Self-explanatory.

(b) **Item 2.A.** Under "Report of Wages," enter the specific periods for which wage information is being requested. All requests should cover a minimum of 6 quarters. The request should include the entire period up to the date of the claimant's separation, not just the period the claimant worked for the Federal agency.

States with laws determining unemployment benefits on the basis of weeks of employment instead of wages in calendar quarters, or requiring other wage or employment information for a determination, must adapt item 2a of Form ES-931 to suit their needs.

(c) **Other Items Under Section II.** Self-explanatory.

(8) **Review of Form ES-931 by the SWA.** Prior to mailing to the Federal agency personnel/payroll office, each Form ES-931 will be reviewed for completion and accuracy, and to verify the correctness of the State of assignment and to ensure that a copy of the Affidavit, Form ES-935, is attached to the Form ES-931. This supervisory review will include comparing Form ES-931 entries with information contained on the corresponding SWA new-claim form. A copy of the Form ES-931 will be sent to the SWA's central office with other UCFE claim documents. The same process should be followed for Federal agencies who use a contractor to process UCFE claims before sending the forms to the contractor.

The SWA's central office is to retain one copy of each

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Form ES-931 mailed in a tickler file for necessary follow-up action. Upon receipt of the properly completed Form ES-931, the tickler file copy may be destroyed.

(9) **Action by Federal Agency Upon Receipt of Form ES-931.** Upon receipt of Form ES-931, the Federal agency will complete the following items of Section II, "Federal Agency Reply."

(a) **Section II Item 1.A.** The Federal agency will indicate, by marking the "Yes" or "No" box, whether or not the claimant performed Federal civilian service during the 6 quarters (or other period) specified in item 2.A. If the Federal agency marks the "No" box, it should complete Questions B. through (D)., E.(1) thru (3). and F. If additional space is needed, a separate attachment should be used to explain why the claimant's service was not considered to be Federal civilian service.

The U.S. Secretary of Labor is responsible for interpretation of the term "Federal civilian service." This responsibility is delegated to the SWA by agreement.

(b) **Item 1.5.** The Federal agency will enter the individual's State or (if outside U.S.) country of last employment with that agency. This information, as instructions to the Federal agency for item 1b direct, is obtained from item 39, "Duty station," as shown on the individual's SF-50, or, if SF-50 was not used by the Federal agency for this employee's separation, the information is obtained from the duty station or similar entry as shown on the Federal agency's equivalent separation from employment document.

(c) **Item 2 - Wages**

Item 2.A., "Report of Wages." The Federal agency will enter the amount of Federal civilian wages for each of the 6 quarters requested by the SWA. If there were no such wages for any or all of the calendar quarters requested, the word "None" will be inserted in the appropriate space(s).

"Federal wages" (civilian) are defined in the Federal UCFE law (5 U.S.C. 8501(2)), as all pay and allowances, in cash and in kind, for Federal civilian service. The U.S. Secretary of Labor is responsible for interpretation of this term. The Secretary has determined that such pay and allowances include, among other things, all payments for annual leave, lump-sum payments for terminal leave, and cost-of-living allowances.

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(10) **SWA processing upon receipt of completed Form ES-931.** As provided in the State Agreement with the U.S. Secretary of Labor, the SWA must determine if the claimant performed Federal civilian service. The Form ES-931 provides findings of fact to be used by the SWA to make an appropriate determination. When a Federal agency returns a Form ES-931 which is incomplete or obviously in error as to the information entered on the form, including data which would affect the monetary determination (e.g., Federal civilian wages reported), the SWA should telephone the Federal agency official as noted on the Form ES-931. The Federal agency should be requested to follow-up with verification of the telephone information in writing and/or a completed Form ES-934.

When it is determined that the claimant performed Federal civilian service, the use of all wages (Federal Civilian Wages) is appropriate within the base year. However, when it is determined that the claimant's employment was **not** Federal civilian service, it must be determined if his/her employment was otherwise covered for UC purposes.

The alternatives are:

(a) the employment was provided under contract between a company and the Federal agency. The employer for UC purposes would be the company. Therefore wage and separation information should be obtained from the company.

(b) The individual was an independent contractor hired by the Federal agency. Eligibility must be determined under State law.

The SWA has the responsibility to determine benefit eligibility whenever a claim is filed. Even when it is determined that the claimant did not perform Federal civilian service, further investigation must be conducted to determine if the claimant is otherwise eligible for UC under State or Federal law.

4. **Action by SWA When Form ES-931 Is Not Returned by Federal Agency.**

If Form ES-931, addressed to a payroll/personnel office located within the United States:

- a. is not returned by the Federal agency within 10 days after it was mailed; and
- b. the Federal agency has failed to notify the SWA in writing that return of the form will be delayed.

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(1) The SWA will send to the Federal agency a duplicate Form ES-931 containing the notation "SECOND REQUEST" (underscored in red), followed by the statement, in parentheses "(Mailed (appropriate date))." Second requests addressed to payroll offices located outside the United States are to be mailed when 21 days have elapsed.

(2) After 12 days have elapsed since the first Form ES-931 was sent to the Federal agency, the claimant affidavit should be used to make a determination, when appropriate, and pay UCFE benefits providing credible evidence of Federal employment is on file.

c. At the time the SWA sends the initial Form ES-931 to the Federal payroll office, as well as any "SECOND REQUEST" of Form ES-931, the following statement should be attached:

"If a completed Form ES-931 is not received by the State Employment Security agency by the 12th day from the date the first request was made, the State agency may pay benefits to the claimant based on his/her affidavit as provided by Secretary of Labor's Regulation 20 CFR 609. Any benefit payments made to the claimant will be charged to the Federal employing agency(ies) in accordance with Section 1023, P.L. 95-499, Omnibus Reconciliation Act of 1980 (94 Stat. 2599).

d. After the "SECOND REQUEST", Form ES-931 has been sent, the SWA need not make any further effort to obtain wage and separation information from the Federal agency.

e. If SWA can obtain credible UCFE wage and separation information from the claimant, it will use the Form ES-935, for the purpose of paying UCFE benefits to eligible claimants and will retain copies of all Forms ES-931 sent to a Federal agency, as well as the Form ES-935, to support the payment of UCFE benefits.

5. Federal Claims Control Center (FCCC).

a. **Requests to the FCCC.** For initial UCFE claim taken, the SWA will send one batch of inquiry data each day to FCCC via the Internet telecommunications link or the SWA may mail inquiry data to FCCC twice each week on magnetic tape.

Machine-readable claims control inquiry to FCCC may still be used, but is not recommended. State agencies may only submit a

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second, machine-readable inquiry to FCCC for the following situations: claimant with two or more social security numbers; joint UCFE/UCX initial claim filing; or corrected inquiry to replace an original inquiry logged at FCCC with incorrect data. SWAs are encouraged to use the Internet method because of its speed and economy.

The FCCC will prescribe the format and content of the machine readable inquiry used by the SWA, as well as transmittal form, to request UCFE data and will inform SWAs regarding request procedures. If a SWA elects to transmit UCFE data via the Internet system, the SWA will create records instead of machine readable inquiries in the prescribed UCFE formats using the Job Control Language (JCL) required for transmission.

b. SWA Procedures With the FCCC.

(1) When a claimant files a new claim which requires the preparation and mailing of Form ES-931, the central office of the paying State will be responsible for promptly preparing and sending to the FCCC an inquiry which identifies: the claimant's name; SSN; the date of new claim filing; the local office number as shown on the ES-931; a SWA transmittal number; a second SSN if appropriate; and the name of the paying State. All data will be encoded according to the format which the FCCC has prescribed separately. The SWA will not delay transmission of the inquiry to the FCCC pending a return of the ES-931 to the SWA by the respective Federal agency.

(2) SWA communications with FCCC concerning UCFE inquiries will be initiated solely by members of the State central office staff. Local office employees will not generate communications with FCCC.

(3) The SWA will not delay payment of UCFE benefits pending receipt of a reply from FCCC.

(4) SWAs may request the removal of inquiry data from the FCCC by the submission of a properly formatted, machine-readable inquiry which includes the key phrase of "CANCEL." The SWA may submit corrected inquiries to FCCC for the removal of erroneous or outdated inquiry data.

(5) When the SWA is informed that prior inquiries were made by the same or another SWA on a UCFE claimant, it will immediately ascertain if the claimant's wages were already assigned for UCFE entitlement. If so, the SWA should assure that all or part of the assigned wages are not used again or that a duplicate benefit claim is not established and paid.

UCFE INSTRUCTIONS FOR STATE AGENCIES

(6) In the case of a possible interstate duplication, the SWA will immediately contact any other SWA that was reported to have made a "prior inquiry." The SWA should take appropriate action to ensure which State is the correct State of assignment. If two or more State agencies cannot resolve the correct State of assignment, the UCFE case should be referred to the USDOL National Office, via the appropriate Regional Office, for final resolution.

(7) The SWA may transmit batches of UCFE claims control inquiries to FCCC via either the Internet system or via magnetic tape. Internet transmissions may be daily and do not require any accompanying transmittal correspondence. Magnetic tape transmissions may be made twice weekly and require accompanying correspondence which shows: the name of the requesting SWA, a batch number and date of submittal, the number of inquiries in the batch, and the name and SSN of one UCFE claimant whose machine-readable inquiry is in the batch to provide additional identification of the material.

State agencies may contact FCCC regarding claims control inquiries by calling 800-327-9250 or writing to:

U.S. Department of Labor
Federal Claims Control Center (FCCC)
P. O. Box 785070
Orlando, Florida 32878-5070

(8) SWA will keep a log on all transactions made to FCCC.

c. **FCCC Procedures.**

(1) Data inquiry (including the State agencies batch number) received by the FCCC will be entered into its computer system for access by the claimant's Social Security Account number. Canceled notices will be purged from the system.

(2) The FCCC will use the Internet system to make its first response to State agencies who make inquiry via Internet. The FCCC will respond to machine-readable inquiries by listing all State agencies with previously recorded claims control inquiries at the FCCC for a given SSN. All other responses will be sent via first class mail.

(3) In those instances in which the FCCC has received a machine-readable inquiry for a claimant for whom it had previously received a machine-readable inquiry from the same or

UCFE INSTRUCTIONS FOR STATE AGENCIES

another SWA, it will notify the SWA with respect to each instance in which it received a machine-readable inquiry pertaining to the claimant in the past 24 months.

(a) The FCCC notice of duplication to the SWA will report the following with respect to each duplicate previously received: the name of the claimant; SSN; name of prior State of inquiry; respective local office; and date of claim.

(4) FCCC will purge the computer system of a UCFE inquiry whenever the date on which the new claim was filed becomes 24 months old.

6. Introduction to Form ES-935 Claimant's Affidavit of Federal Civilian Service, Wages and Reason for Separation.

The Form ES-935 should be taken as part of the initial claims process based on materials submitted by the claimant, when the claimant presents credible evidence of Federal employment such as an SF-50, earnings and leave statements, or W-2. One copy of the Form ES-935 should be attached to the Form ES-931 to be forwarded to the Federal agency. One copy should be retained by the SWA and placed in the claimant's folder as documentation to support a monetary and nonmonetary determination if the completed Forms ES-931, ES-931A or ES-934 has not been received from the Federal agency by the 12th day after the form/s were sent to the Federal agency. When a Form ES-931, Form ES-931A or Form ES-934 is received after a determination has been made based on information contained in Form ES-935, a redetermination should be made, if appropriate, in accordance with State law. Information supplied by a Federal employer after a determination has been made should be given the same consideration and should have the same effect as material information supplied by a State-UC covered employer under similar circumstances.

The Form ES-935 should identify the documentary evidence submitted by the claimant to show he or she performed civilian service for the Federal Government. If at the time the UCFE claimant completes a Form ES-935, he or she does not have documentary evidence to indicate performance of Federal service, the claims interviewer should advise the claimant to bring such documents to the local office at the earliest opportunity.

UCFE INSTRUCTIONS FOR STATE AGENCIES

a. Form ES-935.

(STATE AGENCY NAME)

LOCAL OFFICE:

**REQUEST FOR INFORMATION OR RECONSIDERATION
OF FEDERAL FINDINGS-UCFE**

SECTION I. IDENTIFICATION DATA

- | | | |
|--|---|----------------------------------|
| 1. NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY)) | 2. SOCIAL SECURITY NUMBER | 3. DATE OF BIRTH (MM/DD/YY) |
| 4. POSITION TITLE: | 5. PLACE OF EMPLOYMENT
(CITY, STATE, OR COUNTRY) | 6. DATE OF SEPARATION (MM/DD/YY) |
| 7. FEDERAL AGENCY, 3 DIGIT FEDERAL AGENCY CODE AND ADDRESS | 8. REQUEST DATE: ES-931 _____ ES-931A _____ | |
| 9. CLAIMANT'S EMPLOYMENT IS: _____ REGULAR FULL-TIME _____ INTERMITTENT OR PART-TIME | | |

SECTION II. REQUEST FOR INFORMATION/RECONSIDERATION

1. REQUEST: (BE SPECIFIC. IF ADDITIONAL SPACE IS NEEDED, PROVIDE A SEPARATE ATTACHMENT).
2. LIST THE SUPPORTING DOCUMENTS SUBMITTED BY CLAIMANT (DUPLICATE COPY(IES) MAY BE ATTACHED).
3. SIGNATURE (STATE AGENCY REPRESENTATIVE)
4. DATE (MM/DD/YY)

SECTION III. FEDERAL AGENCY REPLY

INSTRUCTIONS: RESPOND FULLY TO THE INFORMATION REQUESTED IN SECTION II, ITEM 1., "REQUEST" ABOVE WITHIN 4 WORKDAYS. IF ADDITIONAL SPACE IS NEEDED, PROVIDE A SEPARATE ATTACHMENT.

CERTIFICATION: I CERTIFY THAT THE ABOVE OR ATTACHED INFORMATION PROVIDED IN SECTION III HAS BEEN REVIEWED BY ME AND TO THE BEST OF MY KNOWLEDGE IS ACCURATE AND COMPLETE.

SIGNATURE OF OFFICIAL/DATE	TYPE OR PRINT NAME & TITLE	PHONE
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NAME OF FEDERAL AGENCY AND 3 DIGIT FEDERAL AGENCY CODE.

MAIL TO STATE AGENCY ADDRESS:

UCFE INSTRUCTIONS -FOR STATE AGENCIES

b. **Number of Copies and Distribution.** Prepare sufficient copies of Form ES-935: one copy for the monetary determination file, one copy for the nonmonetary determination file, one copy for the claimant, and one copy to be attached to the Form ES-931 for forwarding to the Federal agency.

c. **Completion.** Items on Form ES-935 are self-explanatory. Block 9.c., Documentary Evidence, must be completed in all cases. Block 12, Reason for Separation, should, if possible, be completed on the face of the form. If additional space is needed, the reverse side of the form may be used.

d. **Federal civilian employees' salary rates.** For completion of Block 9b, "Gross Wages," refer to the most recent UIPL showing a list of Federal Annual Salary Rates, as an aid in determining the claimant's wages.

7. Introduction to The Form ES-934, Request for Additional Information Regarding Federal Findings-UCFE.

The SWA will use the same methods provided by State law, procedures, etc., to obtain or verify wage and separation data, resolve differences in data, and to make determinations. If, however, missing or clarified data is needed, Form ES-934 should be used to obtain information from a Federal agency.

The claimant, either before a determination is made or within the State appeal period, may indicate that the findings of the Federal agency contain errors or omissions, or that the claimant wishes further information or reconsideration of the original findings. In such a case, Form ES-934 should be sent to the Federal payroll office by the SWA.

Form ES-934 may be sent to the Federal agency before a nonmonetary determination is issued, or it may be sent as a result of a claimant's request for information or reconsideration after the determination is issued. If a determination has been issued, the appeal period under State law determines the time limits within which a Form ES-934 may be filed by a claimant. In some States, the initiating of a request for information or reconsideration of Federal findings, will protect the claimant's appeal rights. If State law requires the filing of an appeal or any other action in addition to initiating such request in order to protect the claimant's appeal rights, he or she should be advised to take such action. A signed Privacy Act release statement is no longer required from a claimant. However, if a State law requires all claimants to sign a Privacy Act release statement, then a UCFE claimant would also be required to sign a Privacy Act release statement.

UCFE INSTRUCTIONS FOR STATE AGENCIES

a. Form ES-934.

(STATE AGENCY NAME)	LOCAL OFFICE:	
REQUEST FOR INFORMATION OR RECONSIDERATION OF FEDERAL FINDINGS-UCFE		
SECTION I. IDENTIFICATION DATA		
1. NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY))	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (MM/DD/YY)
4. POSITION TITLE:	5. PLACE OF EMPLOYMENT (CITY, STATE, OR COUNTRY)	6. DATE OF SEPARATION (MM/DD/YY)
7. FEDERAL AGENCY, 3 DIGIT FEDERAL AGENCY CODE AND ADDRESS	8. REQUEST DATE: ES-931 _____ ES-931A _____	
9. CLAIMANT'S EMPLOYMENT IS: _____ REGULAR FULL-TIME _____ INTERMITTENT OR PART-TIME		
SECTION II. REQUEST FOR INFORMATION/RECONSIDERATION		
1. REQUEST: (BE SPECIFIC: IF ADDITIONAL SPACE IS NEEDED, PROVIDE A SEPARATE ATTACHMENT).		
2. LIST THE SUPPORTING DOCUMENTS SUBMITTED BY CLAIMANT (DUPLICATE COPY(IES) MAY BE ATTACHED).		
3. SIGNATURE (STATE AGENCY REPRESENTATIVE)	4. DATE (MM/DD/YY)	
SECTION III. FEDERAL AGENCY REPLY		
INSTRUCTIONS: RESPOND FULLY TO THE INFORMATION REQUESTED IN SECTION II, ITEM 1., "REQUEST" ABOVE WITHIN 4 WORKDAYS. IF ADDITIONAL SPACE IS NEEDED, PROVIDE A SEPARATE ATTACHMENT.		
CERTIFICATION: I CERTIFY THAT THE ABOVE OR ATTACHED INFORMATION PROVIDED IN SECTION III HAS BEEN REVIEWED BY ME AND TO THE BEST OF MY KNOWLEDGE IS ACCURATE AND COMPLETE.		
SIGNATURE OF OFFICIAL/DATE	TYPE OR PRINT NAME & TITLE	PHONE
NAME OF FEDERAL AGENCY AND 3 DIGIT FEDERAL AGENCY CODE.		
MAIL TO STATE AGENCY ADDRESS:		