

UI REPORTS HANDBOOK NO. 401

ETA 539 Weekly Claims and Extended Benefits Trigger Data

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A. Facsimile of Forms

1. ETA 539 Screen

ETA 539 - CLAIMS AND EXTENDED BENEFITS DATA

STATE	REGION	REPORT FOR PERIOD ENDING					
Week Number:		Reflected Week Ending:					
IC:	FIC:	XIC:	WSIC:	WSEIC:			
CW:	FCW:	XCW:	WSCW:	WSECW:			
EBT:	EBUI:	ABT:	ABUI:				
AT:	CE:	R:	AR:	P:			
STATUS:		STATUS CHANGE DATE:					

Comments:

OMB No.: 1205-0028

OMB Expiration Date: 08/31/2009

OMB Burden Hours: 50 minutes

OMB Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

2. Recommended Worksheet

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RECOMMENDED WORKSHEET FOR THE TRIGGER PORTION OF THE ETA 539

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
WK. NO.	Week End Date	Insured Unemployment Regular (CW)	Insured Unemployment STC Equivocal (WSECW)	Total Insured Unemployment (2) + (3)	13 Week Total Current (4) + prior 12 weeks	13 Week Average (5)/13	Covered Employment	Rate Current 13 Week year (6)/(7)	Rate First Prior Year	Rate Second Prior Year	Average Rate 2 Prior years $\frac{(9) + (10)}{2}$	Percent (8)/(11)

01
02
03
04
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50
51
52

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B. Purpose

The Federal-State Extended Unemployment Compensation Act of 1970 (Title II of Public Law 91-373, Employment Security Amendments of 1970) and amendments govern the triggering on or off of the Extended Benefit (EB) program. This report serves as the state Administrator's initial notice to the Employment and Training Administration (ETA) National Office that a state extended benefit period will begin or end for a specified week. Subchapter 5724, Part V of the ES Manual, contains additional instructions for a letter from the state agency head to the Secretary of Labor stating the date of the beginning or ending of a state extended benefit period. That letter, along with this report, will enable the ETA National Office to confirm that an extended benefit period will begin or end in an individual state, and will enable the Secretary to have published in the Federal Register the notices required by the Act.

The claims data contained on the ETA 539 report are used in current economic analysis of unemployment trends in the Nation, and in each state. Initial claims measure emerging unemployment and continued weeks claimed measure the number of the insured unemployed. These data are published in ETA's weekly release "Unemployment Insurance Claims." The comments on claims activity are used to explain the changes in the levels of the data reported from week to week.

C. Due Date and Transmittal

Weekly reports shall be submitted in time to reach the ETA National Office by the opening of business Thursday following the week in which the claims were filed. If necessary to meet the due date, any state agency may cut off its report period at noon Friday.

This report will be transmitted electronically. If electronic transmittal is not possible, the data should be phoned or faxed into the ETA National Office.

D. General Reporting Instructions

1. Interstate Claims. Some liable states have claims taking arrangements with one or more agent states where a considerable number of claimants reside whose work prior to unemployment was in the liable state. These arrangements may consist of liable state staff taking interstate claims on its claims forms in one or more agent state's local offices; agent state staff taking related interstate claims on the liable state's claims forms; or terminals are used to enter claims directly into liable state's automated reporting system. In these arrangements, interstate claims should be counted as agent interstate claims for the purposes of ETA 539 by the agent state from which the claim is filed.

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2. Initial Claims. Initial claims reported should consist of intrastate initial claims and interstate initial claims filed from the agent state. This count of interstate agent initial claims includes those taken by the agent state and those reported to the agent state as having been taken directly by the liable state.
3. Continued Weeks Claimed. This figure represents the insured unemployed in the reporting state and is used for economic purposes. The counts of continued weeks claimed for all unemployment benefit programs described in section E. consist of intrastate and interstate continued weeks claimed filed from the agent state whether actually taken by the agent state or reported back to the agent state by liable states. Interstate weeks claimed reported to the agent state by liable states should represent the total interstate weeks claimed to be included in this report as all claims filed from the agent state because the figures reported by the liable state include those claims taken directly by the agent state.

Counts of weeks compensated or of checks issued, or of processed weeks claimed should not be substituted for any part of the continued weeks claimed count unless rigid processing schedules are adhered to so that the count is not affected by administrative factors and does reflect the count of weeks claimed. Automated systems using proxy counts must be modified to gather the interstate agent state count, not the interstate liable weeks claimed count.

Continued weeks claimed should include weeks that benefits were claimed, even though such benefits were not paid or payment status is uncertain or unknown, e.g., waiting weeks, partial weeks, weeks for which denials are being served (when this is a local office reporting requirement) and weeks for which a monetary or nonmonetary issue is pending. The figures should reflect, as closely as possible, the normal seasonal level of claims activity. They should be adjusted as much as possible for administrative factors such as holiday rescheduling, the beginning or ending of biweekly reporting and reporting disruptions because of non-economic factors or emergencies such as computer failure, floods, fires, storms, etc.

4. Adjustment of Data. When claimants' filing dates for continued claims are rescheduled by the local office to a week other than their "normal" reporting week, or the state agency reschedules claimants from weekly to biweekly reporting, the counts of continued weeks claimed will often be affected. Estimates of continued weeks claimed under the UI, UCFE, UCX, and other programs should be made for each item and reported on the ETA 539 for each week that claims counts are thus affected. Because of the importance of accurate economic representation of the claims counts, only figures adjusted for non-economic distortions should be submitted. Adjustments of the weeks claimed should be made separately for each program. Only these adjusted figures should be reported on this report. Particular care should be taken to adjust biweekly data to eliminate the application of judgmental

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factors. This is easily accomplished by relying upon the application of predetermined allocation or proration rules. Worksheets supporting these adjustments should be retained for future statistical audits.

For those weeks when continued weeks claimed were adjusted, the unadjusted figures should not be reported. That is, for each report week, only the adjusted continued weeks claims should be reported.

5. Checking the Report.

Entries should be made for all items. IC and CW figures should be compared with the same figures in the prior week and any large differences explained in the comments section if possible. If no activity corresponding to the items occurred during the report period, a zero should be entered. A report containing missing data can not be sent to the National Office but can be stored on the state's system. Edit checks can be found in Handbook 402, Unemployment Insurance Required Reports User's Manual, Appendix C.

E. Definitions

Except as noted below, definitions will be the same as those used in the UI program and found in the instructions for the ETA 5159, section I-2 of this handbook.

1. Federal-State UI Extended Compensation Program. A program to pay extended compensation to an individual:
 - a. For weeks of unemployment beginning in an extended benefit period.
 - b. Under those provisions of a state law which satisfy the requirements of Title II of the Employment Security Amendments of 1970, as amended. This excludes compensation payable under the UCFE and UCX program.
2. State UI Additional Compensation Program. A program totally financed by a state to pay additional compensation under a state law to exhaustees by reason of conditions of high unemployment or other special factor.
3. Short-Time Compensation (STC) Program (also known as Worksharing). A program to pay benefits to those in an approved state short-time compensation or worksharing program.
 - a. Short-Time Compensation Equivalent Initial Claims. This is the equivalent of the full time layoff initial claims that would have taken place if not for the STC program. This should be based on the employer's agreement with the state as to the proportion of hours STC claimants from their firm are being reduced. That is, if the agreement is for a 20 percent reduction in

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each STC claimant's hours, then each of these claimants initial claim would represent 20 percent of an equivalent full time layoff initial claim. Include any residual initial claims which result from a crossover from the STC program to the regular program.

- b. Short-Time Compensation Equivalent Continued Weeks Claimed. This is based on the proportion of the week being claimed. That is, if two STC claimants each claimed 1/5th of a week and another STC claimant claimed 2/5ths of a week, the equivalent continued weeks claimed for the three claimants would be 4/5ths or .8 weeks.
4. State UI Regular Compensation Program. A program to pay compensation under any state unemployment compensation law other than extended, additional compensation or STC; and excluding compensation payable pursuant to 5 U.S.C., chapter 85.
5. State Extended Benefit Period. A payment period when Federal-State UI extended compensation is paid in a state because of the state indicator for that state.
6. 13-Week Period. The 13-week period referred to in section 9. below, includes weeks of unemployment experienced during a given calendar week and the 12 immediately preceding calendar weeks. Conceptually, weeks claimed during a week reflect insured unemployment in the prior week, so the 13-week period of unemployment will always end 1 week prior to the week in which the claims were filed.
7. Week Numbers. The first week of unemployment in the year (i.e., week one appearing in Trigger Notice YY-1) is considered the week containing January 1. Note that week one in a year represents the second report for the year, i.e., weeks claimed for the second week in the year which represent insured unemployment during the first week in the year.
8. Comparison Weeks. For the purpose of determining the corresponding 13-week period ending in each of the preceding two calendar years, each calendar week shall be identified by the date (calendar month and day of the month) on which it ends. For any specific calendar week, the date of the comparable week in the immediately preceding calendar year is determined by adding one (1) to the date of the end of the specific week, or by adding two (2) if the date of the end of the specific week is February 29, or if a February 29 falls between the beginning date of the week which contains the date established by the addition of one to the specific week, and the ending date of the specific week.
9. Covered Employment. The covered employment figure used to determine the insured unemployment rate includes all employment covered by state law

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including private sector employment, employment in covered state and local government establishments and in nonprofit organizations whether the establishment is paying contributions or reimbursing for benefits. It excludes employment in Federal Government establishments.

The covered employment figure used for this report is always the 12-month average covered employment for the first 4 of the last 6 complete calendar quarters prior to the end of the last calendar week of the current 13-week period to which the insured unemployment data relate. As stated in 6. above, the 13-week period for insured unemployment will always end 1 week prior to the end of the week in which the claims were filed. (For determining the proper covered employment figure, the end of the week should always be considered to be a Saturday.) For example, the report for the week ending April 1, 2006 (due in the ETA National Office on April 6, 2006), would relate to insured unemployment for the period ending March 25, 2006. Since this latter date is still in the first calendar quarter, the covered employment figure included on the report and used in the rate calculations would be the figure for the 12-month period ending June 2005. The covered employment figure for the 12-month period ending September 30, 2005 would first be reported and used on the report for the week ending April 8, 2006 (due in the National Office by April 13, 2006, relating to the insured unemployment for the week ending April 1, 2006).

When the figure on covered employment for a quarter has been used in computing a rate of insured unemployment under P.L. 91-373, as amended, which triggers a state "on" or "off", the figure is frozen so far as trigger rate computations are concerned, and cannot be revised.

10. Determination of State Extended Benefit Period. Each week the state agency must determine whether a state extended benefit period will begin, will end, or whether there will be no change. The state indicator is the primary factor in making this determination, subject to the limitation that a state extended benefit period, once begun, continues for a minimum of 13 weeks, and once ended, must not begin again for 13 weeks. There must be an interval of at least 13 weeks between the beginning and the end of one extended benefit period or, between the end of one and the beginning of a next extended benefit period based on the state indicator.

The final items on the ETA 539 report are the notification of the status of the state extended benefit period and the date of change of status. In addition to this report, a letter of confirmation of the beginning or ending of a state extended benefit period should be sent in accordance with instructions in the Employment Security Manual, Part V section 5700.

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a. Beginning. There are two ways a state may trigger "on." First, an extended benefits period begins when all three of the following indicator conditions are met:

- (1) R as described in F.17 below is 5.00 percent or over; and
- (2) P as described in F.19 below is 120 percent or over; and
- (3) State extended benefit payments have not been paid for at least 12 weeks including the current report week, so that there will have been at least 13 weeks of nonpayment before the week benefit payments begin.

Alternatively, under the Unemployment Compensation Amendments of 1976, a state has the option to modify its "on" trigger criteria if appropriate state legislative action is taken. The amendments combined with those in the Omnibus Budget Reconciliation Act of 1981 provide that with respect to compensation for weeks of unemployment beginning September 25, 1982 (or, if later, the date established pursuant to state law), a state may by law determine whether there has been a state "on" indicator beginning an extended benefit period provided the following two indicator conditions are met.

- (1) R as described in F.17. below is 6.00 percent or over.
- (2) State extended benefit payments have not been paid for at least 12 weeks including the current report week, so that there will have been at least 13 weeks of nonpayment before the week benefit payments begin.

If a state does not have this alternative trigger in its law, the first method must be used to determine trigger status.

Report the beginning of a state extended benefit period as the first week payable in the period using the Sunday date to designate the beginning of the third week following the end of the insured week (the 13th week of a 13-week period for which an "on" determination is made) and 2 weeks from the end of the report week in which the claims were filed provided the above indicator conditions are met.

Example: If a state indicator was "on" (i.e., both R and P criteria as defined above are met) for the 13-week period ending April 22, 2006, the extended benefit period would begin on the first day of the third calendar week thereafter, namely, May 7, 2006. Therefore, the ETA 539 report for the week ending April 29, 2006, which represents insured unemployment for the week ending April 22, 2006, and is due in the ETA National Office

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by the opening of business on Thursday, May 4, 2006, would read "Status Change - B" and "Change Date 05/07/2006".

Example: Assume that a state had been paying extended benefits for at least 13 weeks and the state indicator was first "off" (i.e., either R or P as defined above is not met) for the week ending March 11, 2006. This first extended benefit period would therefore end on the last day of the third week thereafter, namely, April 1, 2006. (Note that the minimum 13-week extended benefit period could be for a longer period.) Since no extended benefit period may begin before the 14th week after the close of a prior extended benefit period, the earliest date a second extended benefit period could begin would be July 1, 2006, provided a state indicator were "on" for the week ending June 17, 2006. The ETA 539 report for the week ending June 24, 2006, which represents insured unemployment for the week ending June 17, 2006, is due in the ETA National Office by the opening of business on Thursday, June 29, 2006, and this report would read "Status change - B" and "Change Date - 07/01/2006", that is July 1, 2006.

- b. Ending. A state would report the ending of a state extended benefit period as the last week payable in the period using the Saturday date to designate the close of the 3rd week following the end of the insured week (the 13th week of a 12-week period for which an "off" determination is made) and 2 weeks from the end of the report week in which the claims were filed provided item (1) below and either item (2) or (3) are met.
- (1) State extended benefit payments have been paid for at least 12 weeks including the current week so that there will have been at least 13 weeks of benefit payments before the period ends.
 - (2) R as described in F.17 is less than 5.00 percent or
 - (3) P as described in F.19 is less than 120 percent.

Alternately, when a state, by law, has modified its "on" trigger conditions as described in 10.a. above, the "off" trigger conditions ending a state extended benefit period must meet both items (1) and (2) and either item (3) or (4) below.

- (1) State extended benefit payments have been paid for at least 12 weeks including the current week so that there will have been at least 13 weeks of benefits before the period ends.
- (2) R as described in F.17 is less than 6.00

Either (3) or (4)

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(3) R as described in F.17 is less than 5.00 percent.

(4) P as described in F.19 is less than 120 percent.

Report the ending of a state extended benefit period as the last week payable in the period using the Saturday date to designate the close of the 3rd week following the end of the insured week (the 13th week of a 12-week period for which an "off" determination is made) and 2 weeks from the end of the report week in which the claims were filed.

Example: Assume that a state indicator was "on" for the 13-week period ending September 23, 2006, and the extended benefit period began on October 8, 2006. Assume further that a state indicator was "off" for the week ending December 16, 2006, which represents insured unemployment for the week ending December 9, 2006. This would be due in the National Office by the opening of business on Thursday, December 21, 2006, and would read "Status Change - E" and "Date Change - 12/30/2006."

- c. No Change of Status. When there is no change of status for the week being reported, Status and Change Date may be "returned through" because the system will default the values to the values of the prior week.

Status and Change Date will be the same for at least 11 weeks--for the week immediately preceding an extended benefit period and for each of the first 10 consecutive weeks of an extended benefit period. This minimum period of 11 weeks contains the number of weeks which lapse between the weekly report showing a Beginning date and the weekly report reflecting an Ending date. Note that a Status and Change Date may continue to be unchanged for a period of time which exceeds this minimum.

F. Item by Item Instructions

Items to be reported are listed below. More detailed information can be found in section E. above. The letter or letters used to identify each item on the weekly report are given in parentheses before the title of the item. Each state must report the weekly numbers associated with the items listed below, identified by the underlined code. These data refer to claims activity under the state UI and Federal UCFE and UCX programs (refer to Introduction, section K for program classification). When applicable, data pertaining to Federal/State extended benefit (EB) activity should be reported as identified in items 11 and 12. When appropriate, data pertaining to state additional benefits programs should be reported as identified in items 13 and 14. States which have an STC or workshare program should report appropriate data in items 4, 5, 9, and 10. If a particular program does not apply to your state, those items should be zero filled.

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1. IC. State UI Initial Claims, less intrastate transitionals.
2. FIC. UCFE-no UI Initial Claims.
3. XIC. UCX only Initial Claims
4. WSIC. STC or workshare total initial claims
5. WSEIC. STC or workshare equivalent initial claims
6. CW. State UI adjusted continued weeks claimed
7. FCW. UCFE-no UI adjusted continued weeks claimed
8. XCW. UCX only adjusted continued weeks claimed
9. WSCW. STC or workshare total continued weeks claimed
10. WSECW. STC or workshare equivalent continued weeks claimed
11. EBT. Total continued weeks claimed under the Federal/State Extended Benefit Program--includes all intrastate and interstate continued weeks claimed filed from an agent state under the state UI, UCFE and UCX programs.
12. EBUI. That part of EBT which represents only state UI weeks claimed under the Federal/State EB program.
13. ABT. Total continued weeks claimed under a state additional benefit program for those states which have such a program. (Includes UCFE and UCX.)
14. ABUI. That part of ABT which represents only state UI additional continued weeks claimed for those states which have such a program.
15. AT. Average adjusted Total Continued Weeks Claimed. Report the average of the sum of the CW and WSECW figures for the most recent calendar week of unemployment experience and the immediately previous 12 calendar weeks of unemployment experience (CW+WSECW) divided by 13; i.e.,
$$AT = \frac{\sum (CW_i + WSECW_i)}{13}$$
 where i = 1 to 13

AT should have no decimals and should be rounded up for .5 or more.

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16. CE. Covered Employment. Report the 12-month average monthly covered employment for the first 4 of the last 6 completed calendar quarters prior to the end of the last week of the current 13-week period to which the insured unemployment data relate. This figure will change only once each quarter, as specified in section F.9. above.
17. R. Rate of Insured Unemployment. Report the rate of insured unemployment for the current 13-week period. The insured unemployment rate for a 13-week period is the result of dividing the average adjusted total continued weeks claimed (AT) by the covered employment (CE); i.e.,

$$R = \frac{AT}{CE}$$

This quotient or decimal fraction is to be computed to four decimal places, is not to be otherwise rounded, and is to be expressed as a percent by multiplying the resultant decimal fraction by 100. Examples: $0.0439 \times 100 = 4.39$ and $0.0246 \times 100 = 2.46$

18. AR. Average Rate of Insured Unemployment in Prior Two Years. Report the average of the rates of insured unemployment for the corresponding 13-week periods in the prior 2 years (See E.6. above). The average rates in each of the 2 prior years is computed as the sum of the two rates divided by 2; i.e.,

$$AR = \frac{R1 + R2}{2}$$

where R1 and R2 refer to the rates for the corresponding 13-week period of 1 year ago and 2 years ago, respectively. The quotient AR is to be computed to three decimal places, is not to be otherwise rounded, and is to be expressed as a percent. Example: If $R1=4.39\%$ and $R2=2.46\%$ then:

$$AR = \frac{4.39\% + 2.46\%}{2} = \frac{6.85}{2} = 3.425\%$$

This detailed illustration is provided to clarify the intent of the Secretary's Regulations. Since all three statistics--P, R, and AR--are defined in terms of rates, the quotient of AR is to be computed in a manner identical to and consistent with the computations of statistics P and R.

19. P. Current Rate as Percent of Average Rate in Prior Two Years. This percent is defined as:

$$P = \frac{R}{AR}$$

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P is to be computed to four decimal places, is not to be otherwise rounded, and is to be expressed as a percent by multiplying the resultant decimal fraction by 100. Example: $1.2515 \times 100 = 125.15\%$, and $.8753 \times 100 = 87.53\%$.

20. Status (B or E). Indicate the beginning (B) or ending (E) of a state extended benefit period.
21. Change Date. If Status has changed since the prior week, enter the date the change is effective.
22. Comments. Each weekly ETA 539 report should contain adequate information to support and explain the nature of the claims data. The material used for such information should be readily available in local offices without additional data gathering procedures.

Information should include both economic and administrative factors which affect significantly the data reported weekly on the ETA 539. The comments are of interest to Federal agencies monitoring economic activity. They are particularly important when there are significant rises or declines in either initial claims or continued weeks claimed counts. The importance of the comments from each state can not be overstated.

The following describes the types of information needed to support weekly fluctuations for both initial claims and continued weeks claimed:

- Primary cause of significant increase or decrease in activity such as temporary mass layoff, plant closing, or cutback in military procurement.
- Approximate number or percent of total initial claims and/or continued weeks claimed involved.
- Industry involved.
- Administrative factors such as the beginning of a new benefit year (excluding those filing transitional claims), delayed claims for partial unemployment, etc. that significantly affect the volume of weekly claims. Also, when weekly claims exhaustions are numerous enough to affect claims data, an estimate of the number of exhaustions, if available, should be included.

Using meaningful abbreviations, these comments can usually be kept to the four lines supplied on the input screen. An example of a comment might be:

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"IC up 5% due to seasonal layoffs in Ag., Const. and layoffs at Alpha Corp., NAICS 278,. CW down 8% due to call back at Beta Co., NAICS 349." (SIC codes may be used if they are labeled as such.)

Note: When claims filing is effected by holidays or other noneconomic events such as computer failure or natural disaster, the data should be adjusted as in section D.4.

G. Standby Emergency Reporting

When national, state, or local emergencies occur, special standby reporting procedures are required. Emergency reporting could include energy-related fuel shortages, major labor disputes, and such local or regional emergencies as floods, windstorms, droughts, fires or other disasters. Emergency reporting is required in addition to the weekly ETA 539 report and, depending on the emergency, the request may be by telephone, letter or facsimile as an addendum to the ETA 539, or under separate cover, on a daily, weekly, or monthly basis.

In the event of an emergency, special reporting instructions will be sent to the concerned Regional Office. Such instructions will vary according to the particular emergency and data needed. For most emergencies, reporting will be activated by facsimile and will cover: The method of submittal (electronic, facsimile, letter, telephone, etc.); when and where to submit the report; and the items to be reported.

H. Recommended Worksheet

It is recommended that the state maintain a worksheet which contains all the information used in the calculation of the weekly trigger rate. If the data is kept on a computer and the trigger rate is computer generated, it is recommended that one of the outputs for the trigger system be a worksheet which would show all the data used in the computation. This worksheet should be submitted when a state experiences a change in trigger status.

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A. Facsimile of Form

STATE	REGION	REPORT FOR PERIOD ENDING

SECTION A. CLAIMS ACTIVITIES								
Program	Line No.	Initial Claims						
		Sum of Total Cols. 2-4	New Intrastate Excluding Transitional	Additional Intrastate	Interstate Filed from Agent State	Interstate Taken as Agent State	Transitional	Interstate Received as Liable State
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
State UI	101							
UCFE No UI	102							
UCX Only	103							
		Eligibility Reviews			Continued Weeks Claimed			Entering Self Employment, All Programs
		Intrastate	Interstate Liable	Intrastate	Interstate Filed From Agent State	Interstate Received as Liable State		
		(8)	(9)	(10)	(11)	(12)	(13)	
State UI	201							
UCFE No UI	202							
UCX Only	203							

SECTION B. PAYMENT ACTIVITIES									
Item		Weeks and Amounts Compensated							
		State UI Program			UCFE and UCX Programs			Self Employment, All Programs	
		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only		
		(14)	(15)	(16)	(17)	(18)	(19)		(20)
Number	301								
Amount	302								
		First Payments for All Unemployment				Final Payments for All Unemployment			
		State UI Program			UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total	Intrastate	Interstate	UCFE No UI	UCX Only	Total	UCFE No UI	UCX Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	303								

Comments:

OMB No.: 1205-0010

OMB Expiration Date: 07/31/2009

OMB Burden Hours: 120 Minutes

OMB Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

B. Purpose

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ETA 5159 Claims and Payment Activities

The ETA 5159 report contains monthly information on claims activities and on the number and amount of payments under state unemployment insurance laws (state UI) and Federal unemployment insurance laws for Federal workers (UCFE) and for ex-service members (UCX). These data are used in budgetary and administrative planning, program evaluation, and reports to Congress and the public. There are separate ETA 5159 reports labeled Regular, Extended Benefits (EB), and Short Time Compensation (STC), also known as Workshare, that furnish data on selected claims and benefit activities. Activity for claimants in the Self Employment Assistance program are to be included in the regular counts of the ETA 5159 as well as shown in a break out on the regular report.

C. Due Date and Transmittal.

The report is due in the ETA National Office on the 15th day of the month following each calendar month to which it relates. The regular, EB, and STC versions of this report will be transmitted electronically.

D. General Reporting Instructions.

1. Timing of Activity Counts. Count activities as of the date they occur. Thus, initial claims and continued weeks claimed are counted as of the date the claims are taken or received. Count payments and weeks compensated as of the date payments are made; in-person, mailed, or electronically deposited. When there are split weeks where part of the week's activity falls in one month and part in another, the activity for the part of the week in the reference month should be counted if possible. If this daily activity cannot be separated, use one-fifth (1/5) of the week's activity for each weekday in the reference month as an acceptable alternative. Use one-fourth (1/4) if the week contains a legal holiday.
2. Combined Wage Claim (CWC) Activity. Claims taken and payment made under the Interstate Arrangement for Combining Employment and Wages are reported as either intrastate or interstate and are reported only by the paying (liable) state. Report under intrastate activities any CWCs filed in the paying state, including CWCs filed by commuters whether in-person or through remote claims filing procedures. Report under interstate activities CWCs received from an agent state or, interstate, CWCs filed directly with the paying state through liable state remote claims filing procedures.
3. Interstate Activities. In Section A, both agent and liable state initial claims and continued weeks claimed activities are reported. (Report separately for state UI, UCFE, and UCX programs.) For workload purposes, as the agent state, report the total of all interstate initial claims and weeks claimed filed from the state, whether filed through the facility of the agent state or directly with the liable state. Separately, as the agent state, report all initial claims

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and weeks claimed actually taken by the agent state. Note: For agent state reporting purposes, interstate initial claims include new, additional, transitional and reopened claims. Claims filed by commuters, in person, by mail, telephone or by other means, directly with the liable state are reportable as intrastate claims. Claims filed through the facilities of the agent state are reportable as interstate claims. In Section B, the reporting of interstate claims and payment activities is restricted to reporting activities of the liable state.

4. Payment Activities. To count weeks compensated, analyze payments for more than one week of unemployment to determine the number of weeks of unemployment to which such payments relate.

In states where the maximum duration of regular UI benefits is more than 26 weeks, include on the regular report those sharable regular weeks over 26 up to the state maximum payable during an extended benefit period. Report the portion of sharable regular benefit payments subject to Federal Government reimbursement under the Federal/State Extended Compensation program as if it were state UI benefit payments. Thus, both the state and Federal portions of sharable regular benefit payments are included in line 302 of the regular report. Do not report data for sharable regular weeks separately on this report; however, report amount paid for such weeks on the ETA 2112.

5. Eligibility Review Program (ERP) Interview Activities. The ERP is designed to accelerate the claimant's return to work and systematically review the claimant's efforts toward that goal.

ERP interviews are reported under regular unemployment compensation programs: State UI, UCFE, and UCX by intrastate and by liable interstate activity. Similar data are reportable when applicable under the Federal/State Extended Compensation program (EB).

ERP interviewers select and interview UI claimants based on information in Eligibility Review Forms. This form includes eligibility-availability information from the claimant indicating his/her proposed search for work. The form also provides a section for the ERP interviewer's comments. The first ERP interview is scheduled if the claimant is in a demand occupation and still unemployed, if the claimant appears to need help in finding work, or if the claimant's benefit eligibility is suspect.

The ERP interview differs from the "Periodic Interview" in that the claimant's characteristics are assessed as they relate to current local labor market conditions rather than to passage of time. Following are reasons for scheduling ERP interviews:

- a claimant with a firm short-term layoff does not return to work by the expected date;

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- a claimant expected to return to work upon occurrence of some event, e.g., seasonal weather change, procurement of equipment, does not return to work;
 - a claimant scheduled for interview after a nonmonetary issue is resolved;
 - a claimant whose ERP questionnaire raises questions on his/her availability for full-time work.
6. General Checks. Entries should be made for all required items. If the item is inapplicable or if applicable but no activity corresponding to the items occurred during the report period, a zero should be entered. A report containing missing data can not be sent to the National Office but can be stored on the state's system. Edit checks can be found in Handbook 402, Unemployment Insurance Required Reports User's Manual, Appendix C.
7. Documentation Requirements. A record of each workload item on the ETA 5159, new claims, additional claims and weeks claimed, must be maintained in either a manual or computer file and be accessible for validation.

E. Definitions

1. New Claim. The first initial claim filed in person, by mail, by internet, telephone or other means to request a determination of entitlement to and eligibility for compensation which results in an agency generated document of an appealable monetary determination provided to the potential claimant. Exclude transitional claims. (One of the three types of initial claims.)
2. Additional Claim. A subsequent initial claim filed during an existing benefit year due to new unemployment and when a break of one week or more has occurred in the claim series due to intervening employment. Report these claims only when there has been intervening employment since the last claim was filed. Do not report as additional claims, claims following breaks in series due to illness, disqualification, unavailability, or failure to report for any reason other than job attachment. For each reported additional claim, a record must be maintained of the separating employer, the last day worked, and the reason for separation or unemployment. This record must be maintained in either a manual or computer file and be accessible for validation. An additional claim is not reportable for the same separation as a previously taken initial claim. (One of the three types of initial claims.)
3. Transitional Claim. A claim filed to request a determination of eligibility and establishment of a new benefit year having an effective date within the 7-day period immediately following the benefit year ending date and a week for

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which compensation or waiting period credit was claimed. (One of the three types of initial claims.)

A first claim for extended benefits under the EB or other extended benefit program should not be counted as a transitional claim; it will be counted as a new claim on the separate ETA 5159 EB report or appropriate form (see section G.1. below). However, when a claimant files for extended benefits in the last week of his/her benefit year, and a determination must be made on whether he/she can establish a new benefit year, this request and any subsequent request in a continuous extended benefit claims series should be counted as a transitional claim on the regular form and not on the EB or other extended program form.

4. Weeks Claimed. Weeks covered by intrastate continued claims and interstate continued claims for which waiting period credit or payment of compensation is requested. A week for which excessive earnings are reported does not constitute a claim for a week of unemployment. However, when other deductible income exceeds the weekly benefit amount, it will be considered a week claimed.
5. Final Payment. A final payment is the last regular benefit payment a claimant receives in a benefit year because the claimant has exhausted entitlement by drawing the full amount of benefits from state trust funds or UCFE or UCX program funds. The last payment to a claimant whose regular program benefits are reduced through disqualifications, but who draws all the reduced benefits during the benefit year, should be considered a final payment. No claimant should be considered to have received a final payment if, because of the ending of his/her benefit year, he/she can not draw the full amount of state UI, UCFE, or UCX benefit entitlement.
6. Self Employment Assistance Program. A count of claimants who have been accepted into a Self Employment Assistance Program as defined under P.L. 103-182, North American Free Trade Agreement Implementation Act. Claimant activity will be counted as part of the regular program. Counts of those individuals entering the Self Employment Assistance program, the number of weeks compensated while in that program, and the benefits paid for those weeks will be shown separately.

F. Item by Item Instructions

1. Section A. Claims Activities.
 - a. Initial Claims. Items 1-7 relate to all initial claims filed in-person, by mail, by internet, telephone or by other means, including those filed at itinerant points. Exclude transitional claims (item 6) from all counts of total initial claims under all programs (lines 101-103). See Section G.2. below for

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reporting “crossover” initial claims from the Short-Time Compensation program to the regular program. Note: Claims filed by commuters, in person, by mail, by internet, by telephone or by other means, directly with the liable state are reportable as intrastate claims. Claims filed through the facilities of the agent state are reportable as interstate claims.

- 1) Item 1. Total. Enter on lines 101-103 the total number of initial claims filed and received under the program indicated; this includes new and additional intrastate claims and interstate claims filed from agent state (items 2 through 4) during the report period.
 - 2) Item 2. New Intrastate, Excluding Transitional. Enter on lines 101-103 initial claims which represent new intrastate claims. Exclude transitional claims and interstate new claims taken.
 - 3) Item 3. Additional Intrastate. Enter on lines 101-103 that part of initial claims reported in item 1 which represents the beginning of a second or subsequent series of intrastate claims within a benefit year or period of eligibility when a break of one week or more occurred in the claim series due to intervening employment.
 - 4) Item 4. Interstate Filed from Agent State. Enter on lines 101-103 all interstate initial claims taken by the agent state plus interstate initial claims filed directly with the liable state and reported to the agent state. Note: For agent state reporting purposes, interstate initial claims reportable in this item include new, additional, transitional, and reopened claims.
 - 5) Item 5. Interstate Taken as Agent State. Enter on lines 101-103, that part of the number of claims reported in item 4 that were taken directly by the agent state. Note: For agent state reporting purposes, interstate initial claims reportable in this item include new, additional, transitional, and reopened claims.
 - 6) Item 6. Transitional. Enter on lines 101-103 the total of all initial claims which represent transitional intrastate and transitional liable interstate claims.
 - 7) Item 7. Interstate Received as Liable State. Enter on lines 101-103 all interstate initial claims received from an agent state plus interstate initial claims filed directly with the liable state. Note: For liable state reporting purposes, interstate initial claims reportable in this item includes new and additional claims only.
- b. Eligibility Reviews (ERP). Eligibility reviews represent the number of eligibility review interviews conducted during the month.

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- 1) Item 8. Intrastate. Enter on lines 201-203 the number of intrastate eligibility review interviews conducted during the month.
 - 2) Item 9. Interstate taken as Liable State. Enter on lines 201-203 the number of interstate eligibility review interviews conducted as the liable state.
- c. Continued Weeks Claimed. Continued weeks claimed represent weeks covered by claims for waiting period credit or for benefits.

- 1) Item 10. Intrastate. Enter on lines 201-203 the total number of weeks claimed by intrastate continued claims filed.

Report the number of weeks filed for waiting period credit or for benefits, whether or not such benefits are actually paid to the claimant. Claims filed should be counted by the number of actual weeks claimed on each document (list, slip, or claim form) submitted in-person or filed by other means. Exclude weeks for which excessive earnings are reported or the claimant is monetarily ineligible.

Courtesy claims for visiting claimants should not be counted by the state taking the courtesy claim. They should be counted as continued intrastate or interstate weeks claimed by the state against which the claim is filed.

Commuter claims should be counted as intrastate claims in the liable state.

- 2) Item 11. Interstate Filed from Agent State. Enter on lines 201-203 the total number of weeks claimed by interstate continued claims filed from a state as agent state except those weeks for which excessive earnings are identifiable or the claimant is monetarily ineligible. The count in item 11, should include a) those interstate continued weeks claimed filed directly by mail or by phone with the liable state and reported back to the agent state through the Interstate Statistical Data Exchange and b) those actually filed through the agent state.
- 3) Item 12. Interstate Received as Liable State. Enter on lines 201-203 the total number of interstate weeks claimed filed directly with the liable state by mail, telephone or other means, plus the number received from an agent state, except weeks for which excessive earnings are reported or the claimant is monetarily ineligible.

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d. Item 13. Claimants Entering the Self Employment Assistance Program.
Enter the number of claimants who entered the Self Employment Assistance program during the period. Activity for these claimants will continue to be counted with the rest of the regular program. This will include individuals in the state program, UCFE and/or UCX.

2. Section B. Payment Activities.

a. Weeks Compensated, State UI Program.

1) Item 14. All Weeks Compensated.

Enter on line 301 the number of intrastate and interstate state UI weeks compensated either wholly from state trust funds or partially from State trust funds and partially from Federal funds, i.e., joint claims or sharable regular. Include:

- Each week compensated for total, part-total, or partial unemployment.
- Each week compensated for total, part-total, or partial unemployment reduced or increased for an overpayment or underpayment in one or more previous weeks. Do not include the count of weeks involved in the overpayment or underpayment adjustment or if such payment is made separately; however, the amount paid for such weeks should be included in line 302 whether the adjusted payment was made to a currently payable week or paid by a separate check.
- Each week compensated at a reduced amount due to income other than wages, as provided by state law. Count weeks of total offset.
- Each week of residual payment for less than the full weekly benefit amount because it is limited to the available balance.
- Interstate payments issued by the liable state.

Enter on line 302 the amount of state trust funds and Federal funds (e.g., sharable regular paid during an EB period) represented by the weeks compensated reported on line 301. Exclude amounts paid from UCFE and UCX programs. Include any adjustment payments issued to correct previous underpayments or overpayments. Do not include in line 301 the weeks involved in supplemental payments which have been reported previously.

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Exclude weeks and amounts reissued to replace lost, stolen, damaged or returned checks; these weeks and amounts have been reported previously.

2) Item 15, Total Unemployment Weeks Compensated.

Enter on line 301 that part of the entry in item 14 which represents weeks compensated either wholly or partially for total unemployment under the state UI program. Weeks compensated for total unemployment are those reported in item 14 except those for which wages were earned over the minimum prescribed in state law for reducing the weekly benefit amount.

Enter on line 302 the amount of state trust funds represented by the weeks compensated reported on line 301. Include amounts issued to correct previous underpayments or overpayments; do not include weeks involved in such supplemental payments in line 301 which have been reported previously. Exclude any amounts paid from UCFE or UCX program funds.

Exclude weeks and amounts reissued to replace lost, stolen, damaged or returned checks; these weeks and amounts have been reported previously.

3) Item 16. Interstate Weeks Compensated.

Enter on line 301 state UI weeks compensated on interstate claims.

Enter on line 302 the amount of state trust funds represented by the weeks compensated reported on line 301. Include amounts paid to correct previous underpayments or overpayments. Exclude Federal amount paid from UCFE or UCX program funds.

Exclude weeks and amounts reissued to replace lost, stolen, damaged or returned checks; these weeks and amounts have been reported previously.

b. Weeks Compensated, UCFE and UCX Programs.

1) Item 17. Total.

Enter on line 301 the total number of weeks compensated, either wholly from UCFE or UCX program funds or from a combination of these two programs. Include both intrastate and interstate payments. Exclude the number of weeks compensated partially from state trust funds combined with UCFE or UCX program funds (joint claims) as

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these are reported in item 14 (state UI combined with UCFE and/or UCX) and item 17 (UCFE/UCX combination).

Enter on line 302 the amount of UCFE and UCX program funds represented by the weeks compensated that are reported on line 301. Exclude any amounts paid from state trust funds. Include the Federal portion (UCFE/UCX) paid for any joint weeks. This means that Federal amounts paid will be reported in line 302, item 17, for some weeks not reported in line 301, item 17, those weeks having been reported in line 301, item 14. Include adjustments made for overpayments or underpayments where weeks involved were previously reported.

Exclude weeks and amounts reissued to replace lost, stolen, damaged or returned checks; these weeks and amounts have been reported previously.

2) Item 18. UCFE - No UI.

Enter on line 301 that part of the entry in item 17 which represents weeks compensated wholly from the UCFE program and those weeks compensated for joint UCFE/UCX claims. Do not include weeks compensated partially from state trust funds (joint claims).

Enter on line 302 the amount of UCFE and UCX program funds represented by weeks compensated reported on line 301 which reflect wholly Federal claims.

Exclude weeks and amounts reissued to replace lost, stolen, damaged or returned checks; these weeks and amounts have been reported previously. Include adjustments made for overpayments underpayments where weeks involved were previously reported.

3) Item 19. UCX Only.

Enter on line 301 that part of the entry in item 17 which represents only those weeks compensated wholly from UCX program funds. Do not include weeks compensated partially from state trust funds nor weeks compensated partially from UCFE program funds.

Enter on line 302 the amount of UCX program funds represented by weeks compensated reported on line 301.

Exclude weeks and amounts reissued to replace lost, stolen, damaged or returned checks; these weeks and amounts have been

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reported previously. Include adjustments made for overpayments or underpayments where weeks involved were previously reported.

- c. Item 20. Self Employment Assistance Program, All Programs. Enter in line 301, that part of item 14 and item 17 which represents weeks compensated for individuals in the Self Employment Assistance Program.

Enter on line 302 the amount of benefits paid for the weeks in line 301.

Exclude weeks and amounts reissued to replace lost, stolen, damaged or returned checks; these weeks and amounts have been reported previously.

- d. First Payments for All Unemployment.

- 1) Item 21. Total, State UI. Enter the number of payments representing first weeks compensated in the benefit year and compensated wholly or partially (joint claim) from state trust funds.
- 2) Item 22. Intrastate, State UI. Enter first payments for that part of item 21 which represent intrastate claims.
- 3) Item 23. Interstate, State UI. Enter first payments for that part of item 21 which represent interstate claims.
- 4) Item 24. UCFE, No UI. Enter the number of intrastate and interstate first payments representing first weeks compensated in the benefit year compensated wholly from the UCFE program and first payments representing first weeks compensated in the benefit year compensated from joint UCFE/UCX funds.
- 5) Item 25. UCX Only. Enter the number of intrastate and interstate first payments representing first weeks compensated in the benefit year compensated wholly from UCX program funds.

- e. Final Payments for All Unemployment.

- 1) Item 26. Total, State UI. Enter the number of final payments regardless of the source (intrastate and interstate) made to claimants wholly or in part from state trust funds. All final payments covering weeks compensated jointly from a state trust fund and UCFE or UCX program funds should be included in item 26 and excluded from items 27 and 28.
- 2) Item 27. UCFE, No UI. Enter the number of intrastate and interstate final payments made wholly from the UCFE program or UCFE/UCX

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funds, and based solely on Federal civilian service or Federal civilian service in conjunction with Federal military service.

- 3) Item 28. UCX Only. Enter the number of intrastate and interstate final payments made wholly from UCX program funds, and based solely on Federal military service.
3. Comments. Explain in the comments area significant variations in volumes of activities or average benefit amounts from levels expected from previous experience or from levels in prior or same period one year ago. Since size and direction of changes in average weekly benefit amounts are generally affected by statutory provisions and seasonality, states should develop criteria based on past experience for commenting on such changes. Describe such criteria on the first report using new criteria.
 - a. Administrative Factors. Describe administrative factors, such as changes in operating procedures, issuance of rules and regulations, and staff turnover. These may affect data reported in such a way that they cannot be compared with data from prior reports or on current reports from other state agencies.
 - b. Legal Factors. Describe legal factors, such as new laws or interpretation thereof. These may affect data reported in such a way that they cannot be compared with data from prior reports or on current reports from other state agencies.
 - c. Economic Factors. Describe economic factors which may affect data reported in such a way that conditions will be reflected in any of the tabulations. Cover mass layoffs and seasonal declines in employment which increase claim loads beyond capacity of available personnel or result in unusual changes in volume of payment, weeks compensated, or in average weekly benefit amounts. Also, describe factors with opposite effect, such as large-scale reemployment and opening of new industries.

G. Special Program Reporting

1. Reporting Activities Under the EB Provisions.
 - a. Special Reporting Requirements. When a state begins an extended benefit period under the Extended Benefit (EB) provisions of its state law, electronically report activities under this program separately from regular UI activities. The report should contain the items listed below.

When a state is not in an extended benefit period, but takes an interstate initial claim for EB against another state, and/or when interstate continued weeks claimed are filed from the state, electronically report these claims

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data on a separate EB report. This data is not to be included in the regular program counts nor is it to be put in the comments section of the regular report.

- b. Items to be Reported. Report the following items on each EB report. Except where otherwise stated, definitions are the same as those for the regular report.
- 1) Item 2, Lines 101-103. Report the first request for extended benefits under the EB intrastate program as a new claim. Count all such claims in this column, including new claims for EB filed immediately following exhaustion of regular benefits.
 - 2) Item 3, Lines 101-103. Enter the number of EB additional initial claims.
 - 3) Item 4, Lines 101-103. Enter the number of interstate new claims, as defined above, which represent initial interstate claims filed from the state agency acting as the agent state or from the state where a claimant resides but which is not liable for the claimants' benefits when interstate initial claims are filed directly with the liable state. Note that unlike the regular UI program, additional claims for EB are not included in this figure.
 - 4) Item 5, Lines 101-103. Enter the number of interstate new claims, as defined above, taken by the state agency acting as the agent state. Note that unlike the regular UI program, additional claims for EB are not included in this figure.
 - 5) Item 7, Lines 101-103. Enter the number of interstate new claims, as defined above, received in the central office of the liable state.
 - 6) Items 10-12, Lines 201-203. Instructions are the same as for the regular ETA 5159 report except that continued weeks claimed are for extended benefits under the EB program.
 - 7) Items 14 and 15, Lines 301-302. Enter on line 301 the number of state UI program weeks compensated under the EB program and on line 302 the amount associated with those payments taking into account adjustments.
 - 8) Items 17-19, Lines 301 and 302. Enter on line 301 the number of UCFE and UCX weeks compensated under the EB program and on line 302 the amount associated with those payments taking into account adjustments.

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- 9) Item 21, Line 303. Enter the number of payments representing first weeks of extended benefits compensated wholly or partially (joint claims) from state funds.
- 10) Items 24 and 25, Line 303. Enter the number of payments representing first weeks of UCFE extended benefits compensated (item 24) and first weeks of UCX extended benefits compensated (item 25) under the EB program.
- 11) Item 26, Line 303. A final payment of extended benefits is defined as the last extended benefit payment which a claimant receives because no more benefits are available to him/her in his/her eligibility period.

Excluded from the definition is the last payment to an individual at the end of an extended benefit period if, such period had not ended, the individual would be entitled to further extended compensation. Also excluded is the last payment to an individual before establishing a new benefit year and thus reestablishing eligibility for regular UI, UCFE or UCX benefits if, he/she were not able to establish a new benefit year, he/she would have been entitled to further extended compensation.

Enter in item 26 the total number of such final extended benefit payments under the EB program compensated wholly or in part (joint claims) from state trust funds.

- 12) Items 27 and 28, Line 303. Enter the number of UCFE, no UI final extended benefit payments (item 27) and the number of UCX only final extended benefit payments (item 28) under the EB program.
- 13) Comments. Explain in the comments section or on the back of the form, significant variations in volumes of extended benefit activities for such factors as outlined in section F.3.

2. Reporting Activities Under Short-Time Compensation (STC).

- a. Special Reporting Requirements. When there is a Short-Time Compensation program, also known as worksharing (WS), in a state, electronically submit a separate report. Do not report STC activity on the regular ETA 5159 report. If no activity occurs in a report period, a report need not be submitted. Due dates and submittal instructions are the same as for the regular report. Unless otherwise noted, definitions are the same as for the regular report.
- b. Items to be Reported. Include in each STC report the following items:

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- 1) Line 101, item 3. Enter STC state UI new intrastate initial claims excluding transitionals. Each new intrastate initial claim by an STC claimant is counted.
- 2) Line 101, item 4. Enter STC state UI additional intrastate initial claims. Each additional claim by an STC claimant is counted.
- 3) Line 201, item 10. Enter STC state UI intrastate continued weeks claimed. Each STC week claimed by an STC claimant is to be counted.
- 4) Line 301, item 14. Enter the number of STC state UI weeks compensated. All STC weeks compensated are to be counted.
- 5) Line 302, item 14. Enter the amount of benefits paid for all STC state UI weeks compensated.
- 6) Line 303, item 21. Enter the number of STC state UI intrastate first payments.
- 7) Line 303, item 26. Enter the number of STC state UI final payments.
- 8) Full-Time Equivalents. Enter the number of equivalent full time and weeks claimed in the appropriate cell. Compute by using the proportion of the week being claimed. As an example, if two STC claimants each claimed 1/5th of a week and another claimed 2/5ths of a week, the equivalent full weeks for the three would be 4/5ths or .8 weeks. Round the final accumulated number to whole weeks.

Also enter the number of equivalent full time initial claims computed based on the employers' agreement with the state as to the proportion of hours the STC claimant is being reduced. As an example, if the agreement is for a 20 percent or one day reduction in each STC claimant's hours, then each claimant's initial claim would represent 20 percent of an equivalent full-time layoff initial claim. Round the final accumulated number. Should an STC claimant become a regular claimant with no break in the claims series with intervening full-time employment, that is he would not be an additional initial, then the residual of the initial claim would become reportable on the regular program report in the comments section. In the example above, if the STC individual who was counted as 20 percent of an initial for economic measures becomes fully unemployed, then the residual amount, or 80 percent of an initial should be shown in the comments section of the regular report and identified as crossovers from STC to regular. Round the final

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accumulated number. If these figures are reported on a paper form, they should be entered in the comments section.

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ETA 5130 Benefit Appeals Report

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ETA 5130 Benefit Appeals Report

A. Facsimile of Form

ETA 5130 - BENEFIT APPEALS REPORT

STATE	REGION	REPORT FOR PERIOD ENDING								
SECTION A. SINGLE and MULTICLAIMANT APPEALS CASE DECISIONS BY PROGRAM AND OTHER DISPOSITION										
Line No.	UI DECISIONS		UCFE-NO UI DECISIONS		UCX ONLY DECISIONS		Other Dispositions			
	Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)			
100										
SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF APPEALS										
Line No.	STATUS OF APPEALS		SINGLE-CLAIMANT APPEALS		MULTI-CLAIMANT APPEALS					
			Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority		
			(8)	(9)	(10)	(11)				
200	Filed During Month									
210	Disposed of During Month									
SECTION C. STATE UI APPEALS DECISIONS BY TYPE OF APPELLANT										
Line No.	APPEALS DECISIONS		ALL UI DECISIONS		CLAIMANT		EMPLOYER		OTHER	
			Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher
			(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
300	Total									
310	In Favor of Appellant									
SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE										
Line No.	TOTAL UI DECISIONS	VOLUNTARY QUIT	MIS-CONDUCT	REFUSAL OF SUITABLE WORK	NOT ABLE or AVAILABLE	LABOR DISPUTE	OTHER			
	(20)	(21)	(22)	(23)	(24)	(25)	(26)			
400										

Comments

OMB No.: 1205-0172

OMB Expiration Date: 11/30/2010

OMB Burden Hours: 60 Minutes

O M B Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

B. Purpose

The ETA 5130 report is the basic source of information on the appeals case workload in each state under the regular programs of state unemployment insurance, unemployment compensation for Federal employees, and unemployment compensation for ex-service members (referred to as UI, UCFE, and UCX respectively). This report shall include appeals of determinations under any short time compensation (STC) program, also known as worksharing, where applicable. State Additional Benefits (AB) data will not be included in this report. The data on this report show how appeals are being handled, the issues involved, and the extent to which appeals authorities' decisions reverse or sustain determinations or decisions previously made. The report is used to evaluate the appeals function, to develop plans for remedial action when unreasonable backlogs develop, and to support and justify the allocation of funds to service this functional area.

A separate ETA 5130 report is required whenever appeals are filed relative to claims under extended benefit duration provisions of the Federal-State Extended Compensation Program (EB). See Section G.

C. Due Date and Transmittal

The report for each calendar month is due in the National Office the 20th day of the month following the month to which it relates. This report will be transmitted electronically for the regular program.

D. General Reporting Instructions

All entries are to include only those activities occurring during the month reported. Entries should be made for all items. If no activity corresponding to the items occurred during the report period, a zero should be entered. A report containing missing data can not be sent to the National Office but can be stored on the state's system. Edit checks can be found in Handbook 402, Unemployment Insurance Required Reports User's Manual, Appendix C.

E. Definitions

1. Appeals Authority. For purposes of this report:
 - a. A lower authority is the lower of two administrative authorities provided by the state unemployment insurance law to make decisions with respect to appealed determinations. A state agency with only one appeals authority should consider that as a lower appeals authority.

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- b. A higher authority is the higher of two administrative authorities provided by the state unemployment insurance law to make decisions with respect to appealed decisions of the lower authority.
 2. Appeals Case. Count as an appeals case any of the instances listed below occurring with relation to a new, additional, or continued claim for benefits.
 - a. A request to either the lower or the higher appeals authority to review a determination or decision made by an authority other than the reviewing body, regardless of whether the review actually takes place, the manner in which the request is disposed of, or which appeals authority in the agency disposes of it.
 - b. A review by an appeals authority made at the request of or the direction of another appeals authority, of a decision made by an authority other than the reviewing body. For example: When the higher appeals authority remands a case to the lower appeals authority for a decision or a hearing and a decision, the lower appeals authority should count it as a new appeals case. Similarly, the higher appeals authority would count a case remanded to it by a court for a decision as a new higher authority appeals case.
 - c. A review by either the lower or the higher appeals authority of a decision made previously by the reviewing body but which has been reopened or remanded for a rehearing and decision.
 - d. A decision by either the lower or the higher appeals authority ruling on an issue not previously considered by a lower body.

Note: If state procedure permits recourse to the appeals authorities by employers or employer representatives desiring to appeal a state agency decision which did not directly affect the benefit rights of a specific claimant or claimants (e.g., appealing a benefit charge by a non-separating employer), such appeals should be excluded from this report. Hearings of interstate appeals held by agent states should not be counted as appeals case dispositions or decisions by the agent state.

3. Single-Claimant Appeals Case. A single-claimant appeals case is one which, at the time of reporting, involves only one claimant. A single-claimant appeals case should be reported for each claimant involved in an appeal and for whom a separate hearing may be scheduled. A "test" appeal is a single-claimant appeals case although the decision may affect many other claimants. The count of cases and claimants will generally be identical for single-claimant cases.

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4. Multi-claimant Appeals Case. A multi-claimant appeals case is one which, at the time of reporting, involves more than one claimant. A multi-claimant case should be reported whenever a group hearing is held and the resulting decision is applicable to more than one claimant.
5. Dispositions. Section B requires information on the number of claimants involved in appeals cases. All dispositions of appeals cases should be reported on line 210. A disposition does not occur if the higher authority remands the appeals case to the lower authority for the taking of additional evidence which will be transmitted back to the higher authority for its decision. A disposition will occur when a decision is made. Below is an explanation of how to count dispositions, along with examples of situations that may occur.
 - a. Disposed of by Decision. Count as disposed of by decision an appeals case disposed of by a written ruling that is issued to one or more parties. In a multi-claimant case, only one disposition by decision would be counted regardless of the number of claimants to which it applies.
 - (1) A disposition by decision would occur in the case of an appellant's withdrawal if a hearing officer reviews the case and issues a written ruling to the interested parties allowing the withdrawal.
 - (2) A disposition by decision of an appeals case would occur if the appellant files an appeal after the allowable time period has elapsed; a hearing is scheduled on the issue of timeliness; the case is resolved; and a written ruling is issued to the interested parties. If the issue of timeliness is resolved in favor of the appellant and the merits of the appeals case are resolved on the basis of a single hearing, only one disposition may be counted and reported.
 - (3) A disposition by decision of an appeals case would occur if the appellant fails to appear at the scheduled hearing and a written ruling to dismiss the case is issued to the interested parties.
 - (4) A disposition by decision of an appeals case would occur when a higher authority issues a decision to the interested parties that remands the appeals case to the lower authority for a hearing and decision. The higher authority would count a disposition by decision at the time of the remand decision. The lower authority would count a disposition by decision when the appeals case is disposed of by a decision of the lower authority. Likewise, a disposition by decision would occur if the lower authority remands the appeals case to the agency for additional fact finding and a new determination or redetermination.

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- b. Disposed of Other Than by Decision. Count as a disposition by other than decision an appeals case disposed of by other than by a decision as defined above.
- (1) A disposition by other than decision would occur in the case of withdrawal by the appellant if a hearing officer does not review the case and issue a written ruling allowing the withdrawal.
 - (2) A disposition by other than decision would occur if the appellant files an appeal after the allowable time period has elapsed and, without a hearing being scheduled, the appeal is denied by letter which shows the right to request a hearing, and no such request is made; or a clerical or appeals authority issued a written ruling which merely counts the number of days between the starting date of the appeal period and the filing date; or appellant requests the appeals authority to reopen or remand an appeals case and the request is disposed of by a written ruling denying the request without a hearing being scheduled.
6. Claimants. The number of claimants reported on this form should represent all claimants whose claim determinations or lower authority appeals decisions have been appealed, or whose claims are decided by an appeals authority when no previous decision has been made by a lower body. For instance, if an employer files an appeal from an initial determination or a lower authority decision involving the claims of 50 claimants, each of the 50 claimants should be reported. If, as in the case of a labor dispute, only one claimant appeals as a "test" appeal, only one claimant should be reported as a single-claimant case.
7. Status of Appeals.
- a. Status of Appeals is intended to reflect appeals caseload and how well states are able to keep up with it, the counts of claimants by status of appeals should include all appeals cases which have been filed with the appeals authorities in the month.
 - b. The designation of a case as multi-claimant at the time of filing may change at the time of disposition. A case is defined at the time of disposition in terms of the action taken. For instance, an appeal filed by an employer against the claims of 50 claimants may be considered one case at the time of filing. Later, the 50 claimants may be split into several groups and a decision made for each group. Accordingly, the single case at filing becomes several cases at disposition. On the other hand, in multi-claimant cases where units within an employing unit are broken out for separate consideration, what was originally classified as two employer appeals (one employer appealing cases involving two units of claimants) may later be reclassified as one case at the

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time of disposition. A single-claimant case at the time of filing may be combined later with other cases and be a multi-claimant case at the time of disposition.

Because the case units for any specified workload of multi-claimant cases may vary between the time of filing and the time of disposition, no valid comparison of the count of multi-claimant cases between the two points of time can be made. While counts of cases decided are required in line 100, designation of claimants in a case at each stage is required for lines 200 and 210 even if that designation changes.

F. Item by Item Instructions

1. Section A. Single-Claimant and Multi-Claimant Appeals Case Decisions by Program and Other Dispositions.
 - a. Line 100. Report in items 1 through 6 the number of single-claimant and multi-claimant decisions, classified by program.
 - b. Line 100, Item 7. Cases Disposed of Other than by Decision. The entry in this item should include all state UI, UCFE, and UCX cases disposed of other than by decision during the month.
2. Section B. Claimants Involved in State UI Appeals Cases by Status of Appeals. The entries in items 8 through 11 should refer to the number of claimants (not the number of cases) involved in appeals under the state UI program. All claimants involved in appeals cases, including the cases which were later disposed of before reaching the appeals authority, should be included. A claimant involved in more than one case should be counted once for each case. Claimants appealing decisions involving "UCFE no UI", or "UCX only" benefit rights should not be included even though they may be represented by a multi-claimant case which also includes reportable UI claimants.
 - a. Line 200. Filed During Month. In columns 8 and 9, distribute by type of authority, the number of state UI claimants involved in single-claimant appeals cases received during the month. In columns 10 and 11, distribute by type of authority the number of claimants represented by the multi-claimant appeals cases filed. A claimant filing a "test" appeal should be classified as a "single-claimant" rather than a "multi-claimant."
 - b. Line 210. Disposed of by Decision During the Month. Distribute as in a. above, the number of state UI claimants involved in single and multi-claimant appeals cases which were disposed of by decision during the month.

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3. Section C. State UI Appeals Decisions by Type of Appellant.
 - a. Line 300, Total. Enter in columns 12 and 13 the total number of state UI appeals cases decided during the month by authority level. Distribute these totals in columns 14 through 19 according to type of appellant and authority level. Entries for appellants other than claimants or employers (columns 18 and 19) should be explained in the comments section.
 - b. Line 310, in Favor of the Appellant. Enter in each of columns 12 through 19 the number of appeals decisions in the respective column for line 300 which were in favor of the appellant. These decisions will consist of all decisions which reverse the lower body's decisions or decrease the extent to which the decisions of the lower body were against the interest of the appellants. Decisions involving multi-claimant cases should be classified as in favor of appellant if the decisions are in favor of one or more of the appellants involved.
4. Section D. Number of Lower Authority State UI Appeals Decisions by Issue. Enter in item 20 the total number of decisions reported in line 100, column 1, and distribute that number by issue in the respective categories. A decision should be reported under only one of the issue categories, even though it involves multiple issues. If a decision involves separation (voluntary quit, misconduct, etc.) and another issue(s), the decision should be reported under the separation issue. If more than one separation issue is involved in the decision, only the most recent separation should be reported. If a decision does not involve a separation issue but does involve a refusal of suitable work and another issue(s), the decision should always be reported under the common issue which caused the case to be disposed of by one decision, without regard to corollary issues involving only a few claimants.
5. Comments. Comments are appropriate under the following circumstances:
 - a. Administrative Factors Affecting Data Reported. Describe any administrative factors, such as changes in operating procedures, issuance of rules and regulations, staff turnover, change in administrative policies, precedent decisions, and increase or decrease in initial determinations, which may affect the data reported in such a way that they will lack comparability with data submitted by other state agencies.
 - b. Legal Provisions Affecting Data Reported. Describe any legal factors, such as new laws or amendments or change in interpretation of existing laws, which may affect the data reported in such a way that they will lack comparability with data submitted on prior reports or on current reports submitted by other state agencies.

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- c. Economic Factors Affecting Data Reported. Describe any economic factors which may affect data reported.

G. Special Program Reporting

Reporting Under EB Provisions. When a state begins an extended benefit period under the EB provision of its state law, appeals related to this program will be reported separately from regular UI appeals activities. A separate ETA 5130 report screen for EB should be keyed and transmitted each month in which the program is operative. Definitions are the same as those for the regular report. If one case involves both the regular program and the EB program, the case will be classified as regular, not EB.

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ETA 207 Nonmonetary Determination Activities

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A. Facsimile of Form

ETA 207 – NONMONETARY DETERMINATION ACTIVITIES

STATE:		REGION:		REPORT FOR PERIOD ENDING:					
SECTION A. DETERMINATIONS, REDETERMINATIONS and DENIALS									
		Single Claimant Totals			Multi-Claimant Totals				
		Total Determinations and Redeterminations	Total Determinations	Total Redeterm- inations	Total Multi- claimant	Labor Dispute	Multi- claimant Other		
		(1)	(2)	(3)	(4)	(5)	(6)		
State UI	Determinations	101							
	Denials	102							
UCFE No UI	Determinations	103							
	Denials	104							
UCX Only	Determinations	105							
	Denials	106							
SECTION B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE-CLAIMANT									
		Line No.	Total Separation Issues	Voluntary Leaving	Discharge	Other			
			(7)	(8)	(9)	(10)			
State UI	Determinations	201							
	Denials	202							
UCFE No UI	Determinations	203							
	Denials	204							
SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES									
		Line No.	Total Nonsep- aration Issues	Able, Available, Actively Seeking	Disqualifying/ Deductible Income	Refusal of Suitable Work	Reporting Requirement Call-ins and Other	Refusal Profiling Referrals	Other (Aliens, Athlete School)
			(11)	(12)	(13)	(14)	(15)	(16)	(17)
State UI	Determinations	301							
	Denials	302							

Comments:

OMB No.: 1205-0150 **OMB Expiration Date:** 11/30/2010 **OMB Burden Hours:** 240 Minutes

OMB Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

B. Purpose

The data reported on the ETA 207 provides current information on the volume and nature of nonmonetary determinations and denials under state, UCFE and UCX unemployment insurance programs. Agencies use the data to budget workloads, evaluate law changes, appraise disqualification processes and relate to benefit appeals. The National Office uses it to determine workload counts, to analyze the ratio of disqualifications to determinations, and to examine and evaluate the program effect of nonmonetary activities. The regular report will include data from the regular program and the Short Time Compensation (STC) Program also known as Workshare. The regular report will not include workload under the Additional Benefits (AB) program.

C. Due Date and Transmittal

The report is due in the ETA National Office on the 15th day of the month following the quarter to which it relates. Both the regular and EB versions will be submitted electronically. Each report should include only those determinations, redeterminations, and denials dated during that calendar quarter. For reporting purposes, the date of determination is defined as the date printed on the determination notice, or, if no notice is required, the date payment is authorized, waiting week credit is given, or an offset is applied.

D. General Reporting Instructions

Classify nonmonetary determinations by the eligibility issue involved. A count will be taken for each issue determined. Exclude conditions described in E.1.b.

Multiple issues may be raised and addressed by the same set of facts. The same or different facts may or may not be needed to resolve the issues. If the state issues multiple determinations based on the same set of facts, then each determination shall be reported because each one represents an official action taken by the state agency. (See E.5. Single Claimant Determination).

Entries must be made for all required items. Enter a zero when the item is not applicable or no activity corresponding to the items occurred during the report period. A report containing missing data cannot be sent to the National Office but can be stored on the state's system. See Handbook 402, Appendix C for detailed edits.

E. Definitions

1. Nonmonetary Determination. A determination of eligibility made by the initial authority based on facts related to an "issue" detected:

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- which had the potential to affect the claimant's past, present, or future benefit rights; and
 - for which a determination of eligibility was made.
- a. The following situations constitute nonmonetary determinations and should be reported:

- (1) Determinations made because of misrepresentation or fraud reportable on form ETA 227, Overpayment Detection and Recovery Activities.

Note: Overpayment notices on uncontested earnings detected by any method (e.g., crossmatch) are not reportable.

- (2) A claimant's separation for any reason other than a genuine "lack of work" which results in a nonmonetary determination. "Other than lack of work" includes such reasons as "laid off-too slow" or "failed to perform" and should be reported.
- (3) A disagreement exists as to whether the claimant satisfied the conditions of an indefinite disqualification (i.e., until reemployed for a specific period or has earned a specific sum of money) that resulted in a nonmonetary determination.
- (4) Investigation of a claimant's explanation for late reporting that results in a nonmonetary determination.

- b. The following situations do not constitute nonmonetary determinations and should not be reported:

- (1) Determinations made solely for deciding whether charges should be made to an employer's experience-rating account.
- (2) Routine exploration of facts or questioning claimants in association with the claimstaking process except under circumstances of disagreement. Examples of routine questioning or decisions not giving rise to a nonmonetary count are:
- (a) Claimant's acceptance of the claimstaker's conclusion that the week's earnings require a reduction in the benefit amount for that week.
 - (b) Claimant's acceptance of benefits for only a portion of a week claimed when the state law provides for reduced benefits in

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cases where the claimant was ill or otherwise unavailable for work during part of the week.

- (c) A determination on whether or not a stated period of time elapsed since a disqualifying act, satisfying the disqualification. This is part of the function of taking claims.
- (d) A determination on whether or not the claimant meets the minimum wage and employment requalifying requirement to establish a benefit year. This is part of the monetary determination function and under no circumstances should be reported as a nonmonetary determination.
- (e) A determination on the existence of and/or number of dependents. This is part of the monetary determination function and under no circumstances should be reported as a nonmonetary determination.
- (f) A determination on whether the claimant meets state requirements for establishing a subsequent benefit year (e.g., 30 days of bona fide work since exhausting a benefit series). This is part of the monetary determination function.

2. Past, Present, or Future Benefit Rights. The following are examples explaining the requirement that the issue must have the potential to affect present, past, or future benefit rights.

- a. In response to a charge statement, an employer protests that the claimant recently refused a job. A determination is made on the issue of refusal of suitable work. This meets the criterion of affecting past, present, or future benefit rights if the maximum period of disqualification which could be imposed has not elapsed and/or the claimant has not exhausted benefit rights.
- b. The claimant states the reason for separation is "layoff" and the employer does not furnish any contradictory information on the separation notice. As a result, the claimant receives benefits for four weeks before ceasing to file. The employer protests the charge notice for the four weeks of benefits, stating that the claimant quit. The state agency determines that the claimant, in fact, voluntarily quit his/her job without good cause and is disqualified until reemployed for at least four weeks. This determination meets the requirement of affecting past, present, or future benefit rights whether or not the claimant was filing at the time.

3. Nonmonetary Determination Issues. The following situations constitute "issues" for the purpose of reporting nonmonetary determinations:

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- a. Voluntary Leaving Work. Leaving work without good cause is reason for disqualification. There are two broad provisions for leaving work with good cause. In some states, good cause for leaving must be connected to the work. In other states, good cause for leaving may be either personal or work connected. For reporting purposes, include under this category all voluntary leaving issues including those involving marital, paternal, filial, or other domestic or personal circumstances, and attendance at school or training.
- b. Discharge. Employer initiated separations occurring for reasons other than lack of work must be adjudicated to determine if the claimant was discharged for reasons that constituted misconduct in connection with the work. Misconduct is defined as a willful or controllable breach of a claimant's duties, responsibilities or behavior that the employer has a right to expect. It is a deliberate or substantially negligent act or an omission which adversely affects the employer's legitimate business interests. Simple negligence with no harmful intent, inefficiency, unsatisfactory conduct beyond the claimant's control, or good faith errors of judgment or discretion are not misconduct. However, for reporting purposes, all determinations involving discharge including those resulting in a finding of no misconduct should be reported. Also include under this category issues involving a discharge for "gross" or "aggravated" misconduct, as defined under some state laws.
- c. Able - Available - Actively Seeking Work. Being able to work means that an individual has the physical and mental capacity to perform work. Being available for work means that an individual has potential for employment and is ready (e.g., has child care, transportation, necessary licenses, etc.) and is willing to accept employment. Each worker falls somewhere between available, that is, willing and able to perform any job, at any time, under any conditions and being unavailable, that is, being unwilling, not ready, or unable to accept or perform any job, under any conditions.

Availability is lessened by circumstances that decrease an individual's chances of becoming employed, and is increased by circumstances that enhance chances for becoming employed. Ineligibility occurs when there are undue problems, unreasonable or unrealistic restrictions regarding wages, hours of work or travel that are a barrier to accepting work or there is a lack of significant interest in employment.

Numerous states have specific provisions in their laws that require a search for work, while others consider a search for work as part of the availability consideration. Actively seeking work includes contacting potential employers and generally attempting to find work in ways that any reasonably prudent person attempts to secure work.

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For reporting purposes, include under this category all able-available-actively seeking work issues including those involving marital, parental, filial or personal obligations and attendance at school or training. Only one nonmonetary count may be taken for a given week for an able/available issue.

- d. Disqualifying or Deductible Income. This category includes determinations relating to the effect upon benefit entitlement of payments such as workers' compensation, Old Age and Survivors Insurance (OASI) benefits, unemployment benefits under another state or Federal law, dismissal payments or wages in lieu of notice, vacation or holiday pay, and payments made under an employer's pension plan. This issue is reportable if properly documented.
- e. Suitable Work Refusals. A claimant's refusal of suitable work or an offer of referral to a job without good cause is reason for disqualification. For an issue to exist, it must first be established that a bona fide job offer or an offer of referral to a job existed.
- f. Reporting Requirements. Issues involving reporting requirements relate to requests for backdating of new or additional claims, late filing of continued claims, and failure to report as required to provide claims information.

Example: The claimant requested his initial claim be backdated to allow benefits for the prior four weeks. When questioned as to the reason for the delay in filing, the claimant stated he thought he would be recalled to work and would not need the benefits. The state determined the claimant had not established good cause for the delay in filing and issued a nonmonetary determination denying the request.

- g. Labor Disputes. These are issues arising from state law on unemployment resulting from labor disputes and are generally multi-claimant. Therefore, **all** labor dispute determinations should be reported in the multi-claimant category, even though some can be construed as single claimant determinations or the proper category is initially indiscernible (e.g., some interstate claims). In these cases, a notice issued to one claimant is usually based on a set of labor dispute facts which inherently has potential applicability to other claimants involved who may file later.

For reporting purposes, labor dispute issues are always reported as multi-claimant determinations in column 5.

- h. Refusal of Referral to Profiling Services. Section 4 of the Emergency Unemployment Compensation Amendments of 1993 established a program to profile UC claimants as to their likelihood of exhausting benefits and to refer to reemployment services those most likely to

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exhaust benefits. Refusal to accept referral to services without justifiable cause is grounds for denial of benefits. Determinations made because of a claimant's refusal to be referred to services and any resulting denials will be reported in column 16 of the report. Failure to report to referred training, without evidence of refusal, should be counted in "Reporting Requirements," not in "Refusal of Profiling Referral to Services."

- i. Alien Legal Status. Section 3304(a)(14), FUTA, provides that compensation shall not be payable on the basis of services performed by an alien unless the alien was in one of three eligibility categories at the time such services were performed. The categories include aliens who were lawfully admitted for permanent residence at the time the services were performed, lawfully present for purposes of performing the services, or permanently residing in the U.S. under color of law at the time the services were performed.

An alien must also be "able and available" for work while claiming benefits. This means the claimant must have current work authorization during the claim series. This is a separate issue from legal status during the base period and such determinations should be reported in column 12, Able, Available, Actively Seeking.

Determinations concerning an alien's legal status during the base period will result in a nonmonetary determination which may affect the claimant's monetary determination. Report only the original monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other of the ETA 207. A monetary redetermination issued as a result of the nonmonetary determination is not reportable.

- j. Professional Athlete Claimant. Section 3304(a)(13), FUTA, requires that compensation shall not be payable to any individual on the basis of services, substantially all of which consist of participating in sports or athletic events (or training or preparing to participate), for any week between two successive sport seasons, if the individual performed services in the first season and there is reasonable assurance that the individual will perform services in the second season. The term "athlete" may include, at state option, ancillary personnel involved with the team or event such as managers, coaches, and trainers employed by professional teams, and referees and umpires employed by professional leagues or associations. This section of Federal law requires the state to determine whether substantially all the athlete's base period services were earned from participating in sporting events and whether the athlete is "between seasons." "Substantially all" is defined as 90% or more of the total base period wages.

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Determinations concerning a professional athlete's status during the base period could result in a nonmonetary determination which may affect the claimant's monetary determination. Report only the original monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other, of the ETA 207. A monetary redetermination issued as a result of the nonmonetary determination is not reportable.

- k. Educational Employee Claimant "Between" and "Within" Terms. Section 3304(a)(6)(A), FUTA, requires that a state law provide that benefits be payable based on services performed for state and local government entities and certain nonprofit organizations in the same amount, on the same terms, and subject to the same conditions as benefits payable on the basis of other covered service. The only permitted exceptions to the "equal treatment" requirement are specified in clauses (i) through (v) of the same paragraph. These exceptions are referred to as the "between" and "within" terms denial provisions.

These exceptions provide that employees of educational institutions, educational service agencies, and certain other entities are ineligible for benefits based on such services between academic years or terms and during vacation periods and holiday recesses within terms if they have a "reasonable assurance" of performing in the same or similar capacity in the following year, term, or remainder of the term. This section of Federal law requires a state to apply these denial provisions also to employees of state and local governments and nonprofit organizations if they provide service to or on behalf of an educational institution.

In applying this section of Federal law, a state agency must first issue a monetary determination containing all the claimant's covered services during the base period. A nonmonetary determination must then be made as to whether the "between" and "within" terms educational denial provisions apply, and if so, the agency must also issue a monetary redetermination excluding such non-allowable services.

Therefore, determinations regarding whether the "between" and "within" terms educational denial provisions apply will result in a nonmonetary determination which may affect the claimant's monetary determination. Report only the original monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other, of the ETA 207. A monetary redetermination issued as a result of the nonmonetary determination is not reportable.

Separation and/or nonseparation issues which occur at times other than between academic years or terms, during vacation periods, or holiday recesses within terms involving employees of educational institutions, educational service agencies, and certain other entities should be

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adjudicated under the regular provisions of state law and reported accordingly.

- I. Miscellaneous. Miscellaneous circumstances (unemployment status, seasonality and removal of all or part of a disqualification) are issues only when a disagreement arises on facts or application of the law. In the absence of disagreement, these situations generally only require action of a clerical nature such as reducing that particular week's benefit amount, noting earnings used to lift a disqualification, or changes in circumstances that might remove or satisfy a previous denial. In these cases, the claimant agrees to the facts and the situation does not constitute an issue.

If, however, after a discussion of the facts, benefits are denied through a written determination, then the resulting determination should be counted as a nonmonetary determination for the following issues:

- (1) Unemployment Status. A nonmonetary determination may be counted when there is a question on whether for a particular week: a) the claimant's activities or status constitutes "service" or "employment," or b) the claimant earns "wages" or receives "remuneration," resulting in ineligibility as "not unemployed," or only partially unemployed. Note, however, that determinations concerning the effect of payments such as worker's compensation, OASI benefits, unemployment benefits under another state or Federal law, dismissal payments or wages in lieu of notice, vacation or holiday pay, and payments made under an employer's pension plan come under the category of disqualifying or deductible income. See Section E.3.d.

Example: Based on the employer's statement of earnings, a claimant is awarded only partial benefits for a specified week. The claimant objects to the reduction in benefits on the grounds that the employer's statement is incorrect. Because of disagreement over the accuracy of the employer's statement, the state issues a nonmonetary determination based on the information obtained. The resulting determination is reportable (provided the other nonmonetary requirements in this section are met). If the claimant had agreed with the employer's information, a determination would not be needed and, therefore, not reportable.

- (2) Seasonality. A nonmonetary determination may be counted when there is a question on whether special statutory provisions under which seasonal workers may be denied benefits should apply.
- (3) Removal of All or Part of a Disqualification. A nonmonetary determination may be counted when there is a question on whether

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specific requalifying requirements are met, e.g., until employed for a specified period of time or until specified amounts are earned.

Example: The claimant is required to earn \$500 to lift a disqualification, but presents evidence of earning \$450. The claimant contends there were more earnings, but has no evidence. A question exists; further inquiry with the employer and/or the claimant may be necessary. After resolving the issue and making the determination, the determination should be reported.

Nonmonetary determinations made under these circumstances are reported in column 17, "Other," of the ETA 207.

4. Nonmonetary Redetermination. A determination made under statute, regulation, or well defined policy specifically requiring reconsideration of a nonmonetary determination prior to the administrative appeal stage, and which affirms, reverses, or modifies a determination.

Nonmonetary Redeterminations are reportable under the following conditions: (All conditions must be met.)

- a. The need for reconsideration arises as the result of a protest by an interested party requiring actual review of all facts on which the determination was based or from the agency's own initiative based upon new or additional information;
- b. All pertinent evidence and records are actually re-examined; and
- c. A written redetermination notice is issued to the claimant and any other interested party and is recorded.

A redetermination will always relate to the benefit period applicable to the original determination. (Facts concerning a different period or different circumstances may raise new issues calling for a new nonmonetary determination).

Redeterminations do not include determinations which are changed due to periodic supervisory reviews in which errors may be corrected. These corrected determinations are not based on new or additional information or protest and should not be reported as redeterminations. Also, if the claimant objects to a nonmonetary determination, listening to a repeated earlier statement and explaining the determination does not constitute a redetermination. A redetermination can only be made as a result of either the receipt of new or additional information or a protest by the employer or claimant and must always result in a written determination upon reconsideration of the original determination which affirms, reverses, or modifies the original determination.

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5. Single-Claimant Nonmonetary Determination. A nonmonetary determination based upon facts which relate to an individual situation and issued to a single claimant. If two or more issues were raised and determined, based on the same set of facts, report each determination as a separate single-claimant nonmonetary determination.

Example: A claimant voluntarily quits a job and files for unemployment. A statement is taken regarding the separation issue. During the interview, the claimant reveals that he/she quit due to a lack of transportation. Two issues have now been raised by the same set of facts. Two nonmonetary determinations, one separation issue and one nonseparation issue, may be reported based on the one set of facts if all the facts to support each determination are contained in the statement.

6. Multi-Claimant Nonmonetary Determination. A nonmonetary determination based upon a set of facts which apply to two or more similarly situated individuals and which may result in the issuance of one or more notices, depending upon the number of individual claimants involved.

Example: In a labor dispute involving 500 persons, three claims were filed each representing a different worker. Nonmonetary determination notices were issued disqualifying all three claims. One multi-claimant determination should be reported since identical notices were issued to, or applied to, two or more claimants in a labor dispute. Note: If different classes or grades of workers are involved in the same labor dispute, one multi-claimant count may be taken for the first notice issued for each class or grade of worker.

7. Denial of Benefits. Action imposed by a nonmonetary determination which cancels, reduces, or postpones a claimant's benefit rights. Under a multi-claimant determination, the count is reflective of the number of individuals impacted by the one multi-claimant determination. A denial is counted for each claimant whose claim is canceled, benefits reduced, or payments postponed. Therefore, the number of denials on line 102, columns 4, 5, and 6 can be greater than the number of determinations on line 101 for the same columns.

F. Item by Item Instructions

1. Section A. Determinations, Redeterminations, and Denials

- a. Single-Claimant Totals

- (1) Column 1 - Total Determinations and Redeterminations. Enter the total number of single-claimant nonmonetary determinations, redeterminations and denials by appropriate program (UI, UCFE, UCX). For UI claims, this is the sum of columns 2 and 3.

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- (2) Column 2 - Total Determinations. Enter the number of single-claimant nonmonetary determinations as defined in section E. This total is the sum of columns 7 and 11.
 - (3) Column 3 - Total Redeterminations. Enter the number of single-claimant redeterminations, as defined in Section E. A redetermination of a single-claimant nonmonetary determination should be counted only once. The count of denials imposed in redeterminations should consist only of those imposed for the first time through the redetermination process. Thus, if a redetermination merely upholds a denial initially imposed in an initial determination, do not include the denial in the count in columns 1 and 3, line 102, or in the case of UCFE and UCX, column 1, lines 104 and 106.
- b. Multi-Claimant Totals
- (1) Column 4 - Total Multi-Claimant Determinations. Enter the number of determinations which actually or potentially involve benefit rights of more than one claimant as defined in section E. Count a denial for each claimant disqualified under a multi-claimant determination. This total is the sum of columns 5 and 6, Labor Dispute and Other.
 - (2) Columns 5 and 6 - Labor Dispute and Other. Enter the number of determinations which result from a labor dispute issue in column 5 (see section E.6.). Enter the number of multi-claimant determinations which do not involve a labor dispute issue in column 6.
2. Section B. Determinations Involving Separation Issues, Single Claimant.
- a. Lines 201 and 203. Enter the number of determinations for state UI and UCFE respectively for the appropriate issue.
 - b. Lines 202 and 204. Enter the number of denials for state UI and UCFE respectively for the appropriate issue.
3. Section C. Determinations Involving Nonseparation Issues, Single Claimant
- a. Line 301. Enter the number of determinations made for each of the various issue types. (See section E.)
 - b. Line 302. Enter the number of denials made for each of the various issue types. (See section E.)
4. Comments. Describe in the Comments section, any administrative, legal, or economic factors which may result in data that lack comparability with data submitted on prior reports. Include changes in procedure, administrative policies, precedent appeals determinations, or mass or prolonged

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unemployment factors which may significantly increase or decrease the number of denials. For example, in describing mass unemployment or prolonged unemployment, give the cause, number, size of establishments, industry(s), and area(s) involved.

G. Special Program Reporting

1. Reporting Under the Extended Benefit Program. When a SWA begins an extended benefit period, submit separate electronic reports for nonmonetary determinations relating to claims filed under the EB provisions of the state law. Continue reporting for as long as activity is likely to occur. Due dates and submittal instructions are the same as for the regular report. Include in each EB report the following items:
 - a. Column 1, lines 101 through 106. Definitions are the same as for the regular report.
 - b. Column 7, lines 201 and 202. Enter the total number of determinations and the denials which involve separation issues under state provisions and the sum of columns 8, 9, and 10. Columns 8 plus 9 plus 10 should be equal to column 7.
 - c. Column 8, lines 201 and 202. Enter the total number of determinations and denials under the EB program, as appropriate, that resulted due to a disqualification during the regular benefit period for voluntary quit which was terminated for reasons other than employment. (i.e., state law did not require employment to remove the disqualification).
 - d. Column 9, lines 201 and 202. Enter the total number of determinations and denials under the EB program, as appropriate, that resulted due to a disqualification during the regular benefit period for discharge for misconduct which was terminated for reasons other than employment. (i.e., state law did not require employment to remove the disqualification).
 - e. Column 10, lines 201 and 202. Enter the total number of determinations and denials under the EB program, as appropriate, that resulted due to a disqualification during the regular benefit period for refusal of suitable work which was terminated for reasons other than employment. (i.e., state law did not require employment to remove the disqualification).
 - f. Column 11, lines 301 and 302. Enter the total number of determinations and denials which involve nonseparation issues under state provisions and the sum of columns 12, 14, and 17. Columns 12 plus 14 plus 17 should be less than column 11.

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- g. Column 12, lines 301 and 302. Enter the number of determinations and denials under the PL 96-499 Federally required provisions for active search for work.
 - h. Column 14, lines 301 and 302. Enter the number of determinations and denials for refusal of work deemed suitable under the PL 96-499 Federally required definition of suitable work.
 - i. Column 17, line 302. Enter the total number of denials of EB due to the agent state of an interstate claim not being in an EB period.
2. Reporting Under the Short Time Compensation (STC) Program. Nonmonetary determination activity under the Short Time Compensation program, also known as Workshare, is not to be reported separately but is to be included on the regular version of this report.

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A. Facsimile of Form

ETA 218 BENEFIT RIGHTS AND EXPERIENCE

STATE:		REGION:		REPORT FOR PERIOD ENDING:				
SECTION A. MONETARY DETERMINATIONS								
	DETERMINATIONS			NUMBER OF CLAIMANTS ESTABLISHING BENEFIT YEARS				
LINE NO.	Total (1)	Insufficient Wage Credits (2)	Sufficient Wage Credits (3)	Total (4)	Maximum Weekly Benefit (5)	Maximum Benefit and Duration (6)		
100								
SECTION B. POTENTIAL DURATION FOR DETERMINATIONS ESTABLISHING BENEFIT YEARS AND ACTUAL DURATION FOR CLAIMANTS WHO RECEIVED FINAL PAYMENTS								
LINE NO.	ITEM	NUMBER BY WEEKS OF DURATION						
		Total (7)	Less 10 Weeks (8)	10-14 Weeks (9)	15-19 Weeks (10)	20-21 Weeks (11)	22-23 Weeks (12)	24-25 Weeks (13)
101	Potential							
102	Actual							
LINE NO.	ITEM	NUMBER BY WEEKS OF DURATION					Number at Maximum Duration (19)	Average Weeks Duration (20)
		26-27 Weeks (14)	28-29 Weeks (15)	30-31 Weeks (16)	32-33 Weeks (17)	34WKS& Over (18)		
103	Potential							
104	Actual							

Comments:

OMB No.: 1205-0177 **OMB Expiration Date:** 05/31/2010 **OMB Burden Hours:** 30 Minutes
OMB Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

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B. Purpose

Data reported on the ETA 218 provides a means of evaluating state benefit formulas, as administered under the state unemployment insurance program. The number of monetary determinations on new claims is used as a base to which other items reported in section A of the report may be related. The number of new claims determined to have insufficient wage credits and the number with sufficient wage credits provide information on the effect of the monetary qualifying requirements in the state law. The number of new claims determined to have established benefit years is used on an annual basis to estimate the number of eligible claimants in each state.

The number of eligible claimants with potential maximum duration, the average potential duration for all eligible claimants, and their distribution by number of full weeks of potential duration show the extent of protection, in terms of weeks of benefits, available to potential beneficiaries. These figures permit computation of the maximum potential current liability of the fund, and they reflect on a reasonable, current basis the effect of changes and potential changes in benefit provisions of state laws. The number of claimants who exhaust benefits with maximum duration, the average actual duration of all claimants who exhaust benefits, and their distribution by number of full weeks of benefits drawn show the actual amount of protection provided by the program for claimants still unemployed on receipt of their final payment in a benefit year.

The number of eligible claimants who were entitled to the maximum weekly benefit amount (WBA) measures roughly the extent to which claimants are not receiving benefits in the same percent of past wages that is applicable to lower paid claimants. It indicates whether the existing maximum is curtailing the percentage of wage loss compensated for a high portion of claimants. The number of eligible claimants who were entitled to both the maximum benefit amount and the maximum duration indicates what proportion of claimants were eligible for the maximum annual benefit under the benefit formula in the state law.

C. Due Date and Transmittal

The ETA 218 report for each calendar quarter is due in the National Office on the 25th day of the first month following the quarter to which it relates. This report is to be transmitted electronically.

D. General Reporting Instructions

Reporting instructions for specific items are given in the following sections only to the extent considered necessary to supplement descriptions on the form itself.

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1. Activities to be Reported. The count of monetary determinations (section A, items 1 and 4, and section B, line 101) should include monetary determinations (as defined in E below) which were made during the reported period. All other items should include only those activities occurring during the reported quarter.

The claimant's status, that is whether or not the claimant was monetarily eligible and what level of benefits the claimant was eligible for, should be reported as the most recent information available at the time the report is run. For example, a claimant may have a monetary determination (reported on the ETA 218) at the beginning of the quarter which found him/her ineligible. One or more monetary redeterminations (which are not reportable on the ETA 218) may be accomplished after that time which ultimately changes the status to eligible. When the state computer program is run to determine the status of individuals who had an original monetary determination accomplished during the report quarter, the most recent status on record will be the one reported. However, once the status of a monetary determination has been reported, subsequent changes due to further redeterminations (e.g., wage correction or alternative base period redeterminations) on the same new initial claim will not be reported on any ETA 218.

Note: A new claim filed in a subsequent quarter (e.g., subsequent to the filing of an initial claim determined to be monetarily ineligible) can be counted as a new monetary determination since the claim will have a new, that is different, benefit year.

2. Treatment of Special Types of Claimants.
 - a. The paying state should submit data relating to claims processed under the wage-combining plan.
 - b. The liable state should submit data relating to interstate claims.
3. Reporting Maximum WBA and Maximum Duration. When state law changes the maximum weekly benefit amount or duration during the reported period, entries for line 100, items 5 and 6, and lines 103 and 104, item 19, should represent the total at the maximum under the old law and under the new law. Also, if the law provides for more than one maximum, each applicable to a specified set of circumstances under which the claimant files, the entries should represent the total of individuals at all designated maximums, and the comments should explain the change. For example, the maximum in a state may vary according to 1) the number and type of claimant's dependents, 2) the claimant's previous history of employment and receipt of benefits, 3) the industry in which the claimant earned his/her wage credits, and 4) the type of claim, i.e., interstate or intrastate.

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4. Coverage of Report. The ETA 218 report covers activities under the state UI program. This instruction applies to all items on the report. It should be interpreted in the following manner for the following specific items:
 - a. Item 1. All monetary determinations resulting from new claims for (**State UI only or joint State UI/Federal**). A monetary determination should be reported even though, in processing a new claim for UI benefits, no UI wage credits were found. Exclude monetary determinations with **only** Federal wages.
 - b. Line 100, columns 2-6, lines 101 and 102, items 7-13; and lines 103 and 104, items 14-20. Classification of monetary determinations or claimants for reporting in these items should all be on the basis of UI wage credits alone or UI wage credits in combination with Federal wage credits.
5. Checking the Report. Entries should be made for all items. If no activity corresponding to the items occurred during the report period, a zero should be entered. A report containing missing data can not be sent to the National Office but can be stored on the state's system. Edit checks can be found in Handbook 402, Unemployment Insurance Required Reports User's Manual, Appendix C.

E. Definitions

1. Monetary Determinations. Determinations as to whether a claimant, who has filed a new initial claim, has sufficient base period wages and/or employment to establish a benefit year under the state unemployment compensation program.
2. Final Payments. A final payment is the last regular benefits a claimant receives in a benefit year because the claimant has no further entitlement to payment, i.e., has exhausted entitlement by drawing the maximum amount of benefits. The last payment to a claimant whose regular program benefits are reduced through disqualifications, but who draws all the reduced benefits during the benefit year, should be considered a final payment. No claimant should be considered as having received a final payment if, because of the ending of his/her benefit year, he/she can not draw the full amount of benefits to which he/she is eligible.

F. Item by Item Instructions

1. Section A. Monetary Determinations.
 - a. Item 1, Total Determinations. Enter the total number of original monetary determinations (not redeterminations) issued during the report period.

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This count should be roughly equal to the number of new initial claims during the same period for which appealable monetary determinations were issued. Exclude determinations on reopened claims (if the base period has not changed since the original determination), duplicate claims, claims returned to the local office for completion before they have been processed, claims disallowed before referral to the wage-record files, etc. Reconsiderations of wage credits and redeterminations on the basis of any available wage credits in the same benefit year should not be reported as monetary determinations. Thus, redeterminations resulting from a state's alternative base period(s) should not be reported. However, the status of the claim as a result of any redetermination made during the report period will be reported in items 2 through 20.

- b. Item 2, Determinations with Insufficient Wage Credits. Enter the number of monetary determinations accomplished during the quarter (item 1) for which, when the report is run, either no wage credits could be located or insufficient wage credits (or employment) were available to satisfy the eligibility requirements of the state law. Exclude determinations where insufficiency is due to credits having been canceled because of disqualification.
- c. Item 3, Determinations with Sufficient Wage Credits. Enter the number of monetary determinations accomplished during the quarter (item 1) for which, when the report is run, sufficient base-period wage credits (and employment) were located to make the claimant eligible regardless of all other eligibility requirements. This entry should reflect the results at the time of the report run of all determinations and redeterminations for which qualifying wage credits (and employment) were found, even though the claimant may be disqualified due to other circumstances.
- d. Item 4, Total Claimants Establishing Benefit Years. Enter the number of claimants for whom benefit years were established. The entry in item 4 will differ from that in item 3 for states in which the establishment of a benefit year is dependent on requirements in addition to the monetary determination of eligibility. For such states, the count should include all determinations establishing benefit years made during the quarter, even though, because of a lag in processing or delay due to additional requirements, the monetary determinations were in some instances reported in a previous quarter. Thus, a comparison between items 3 and 4 for any one quarter may not be valid, but cumulatively the difference between the two items will represent the number of determinations for individuals who meet the minimum wage and employment qualifications but who did not establish benefit years because the additional requirements were not met. For all other states, the entry in item 4 will be identical with the entry in column 3.

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- e. Item 5, Claimants Establishing Benefit Years Entitled to Maximum Weekly Benefit Amount. Enter the number of claimants in item 4 whose regular weekly benefit amount (WBA) for a period of total unemployment is the maximum under the state law. This item should be based on the regular WBA rather than the actual amount of a particular weekly payment, since, in some cases, the regular WBA may be reduced because of part-total or partial unemployment.

In states which pay increased benefits because of dependents, this item should be reported on the basis of the augmented amount. For states which pay benefits according to a schedule of WBAs based on wages earned, and which supplement these with dependents' allowances, the number of such claimants entitled to the maximum augmented WBA will be identical to the number entitled to the maximum basic WBA. For states which pay benefits according to a schedule of WBAs based on the number and type of dependents, as well as on the amount of wages earned, (e.g., Ohio) the number of claimants will be the sum of those entitled to the maximum in each class, as determined by the number and type of dependents.

- f. Item 6, Claimants Establishing Benefit Years Entitled to Maximum Weekly Benefit Amount and Maximum Duration. Enter the number of claimants from item 5 who are entitled to benefits for the maximum number of weeks provided under state law. In a state which pays increased benefits because of dependents, a claimant should be considered as entitled to maximum duration if he/she is eligible for the maximum number of weeks of benefits available to him/her on the basis of the number and type of his/her dependents.

2. Section B. Potential and Actual Duration.

- a. Lines 101 and 103, Potential Duration for Determinations Establishing Benefit Years. Potential duration is the number of full weeks of benefits for which a claimant is eligible within a benefit year. Potential duration should be based solely on monetary determinations, without adjustment for periods of disqualification or wage credits canceled for specific disqualifying acts such as voluntary quitting, misconduct, etc.

Weeks of potential duration should be computed by dividing the total amount payable, from state trust funds during the benefit year, by the regular WBA for total unemployment. States in which the law provides that the WBA shall change during the benefit year should use the weekly benefit amount shown on the original determination to compute the potential duration.

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States which provide for the payment of increased benefits because of dependents should use figures which include benefits payable as a result of dependents to compute potential duration.

- b. Lines 102 and 104, Actual Duration for Claimants Who Received Final Payments. Actual duration is derived by dividing the total amount of benefits received from state trust funds by the WBA for total unemployment. If the WBA for total unemployment is changed during the benefit year, the amount of the last payment made at the full benefit rate should be used rather than the amount shown on the original determination.

States which provide for the payment of increased benefits because of dependents should use the figures which include benefits paid as the result of dependents to compute potential duration.

The last payment to a claimant whose benefits are reduced through disqualifications but who draws all of the reduced benefits to which he/she is entitled during the benefit year should be included as a final payment. No claimant should be considered as receiving a final payment because the ending of a benefit year prohibits the claimant from drawing the full amount of benefits based on his/her monetary determination.

- c. Items 7-18, Number of Weeks of Duration.
- (1) The number of monetary determinations through which claimants established benefit years should be entered in line 101, item 7. The entry should be distributed in columns 8-18, lines 101 and 103, by the number of full weeks of potential duration. This distribution, for a state with uniform duration, will be represented by a single entry in the appropriate interval column.
 - (2) The number of claimants who receive final payments should be entered in line 102, item 7. This entry should be distributed in items 8-18, lines 102 and 104, by the number of full weeks of actual duration during the benefit year. This will include claimants who, because of disqualifying reductions in benefits, had actual durations less than state's uniform duration.
 - (3) In computing weeks of duration, a result with a decimal figure should be rounded to the next highest number of weeks.
- d. Item 19, Number with Maximum Duration. The entries in each of lines 103 and 104 should represent that part of the entries in item 7, lines 101 and

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102, respectively, which represent claimants either entitled to or receiving benefits for the maximum number of weeks provided under the state law. In a state which pays increased benefits because of dependents, a claimant should be considered as either entitled to or receiving the maximum duration if he/she is eligible for or receives the maximum number of weeks of benefits available to him/her on the basis of the number and type of his/her dependents.

- e. Item 20, Average Weeks of Duration. The average weeks of duration to be reported in each of lines 103 and 104, should be computed by dividing the entries in column 7, lines 101 and 102, respectively, into the cumulative total of full weeks of duration represented by the distributions shown for each of these entries. The average should be computed from unrounded figures and then rounded to one decimal place.
3. Comments. Lines are provided on the screen for comments. Comments may be made for any of the following areas:
- a. Administrative factors affecting data reported on tabulations. Describe any administrative factors such as changes in operating procedures, issuance of rules and regulations, and staff turnover which may affect the data reported in such a way that they will lack comparability with data submitted on prior reports or on current reports submitted by other state employment security agencies in accordance with the above sections.
 - b. Legal factors affecting data reported on tabulations. Describe any legal factors such as amendments to the state unemployment insurance law, official interpretations of the law, or court decisions which may affect the data reported in such a way that they will lack comparability with data submitted on prior reports or on current reports submitted by other state employment security agencies in accordance with the above sections.
 - c. Economic factors affecting data reported on tabulations. Describe any economic factors such as seasonal employment, instances of mass partial employment, prolonged unemployment on an establishment, industry, or area basis, etc., which may affect the data reported in such a way that the conditions will be reflected in any of the tabulations prepared.

G. Special Program Reporting

States in which an extended benefit (EB) period is in effect under the EB provisions of the state law should report monetary determination activities relating to initial claims under the Federal/State Extended Benefit program. A separate electronic screen entry is used. These reports should be submitted as long as monetary determination activity occurs under the EB program. Due dates and

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instructions are the same as for the regular report. The following items are to be reported:

1. Line 100, Item 1, Total Determinations. Enter the total number of monetary determinations under the EB program.
2. Line 100, Item 2, Determinations with Insufficient Wage Credits. Enter that part of item 1 which represents determinations for which insufficient base period wage credits and/or employment were available to satisfy the EB eligibility requirements of the state law.
3. Line 100, Item 3, Determinations with Sufficient Wage Credits. Enter that part of item 1 which represents determinations for which sufficient base period wage credits and/or employment were available to make the claimant eligible for EB.

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ETA 538 Advance Weekly Initial and Continued Claims Report

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ETA 538 Advance Weekly Initial and Continued Claims Report

A. Facsimile of Form

ETA 538 – ADVANCE WEEKLY INITIAL AND CONTINUED CLAIMS REPORT

STATE	REGION	REPORT FOR PERIOD ENDING
Week Number:		
Reflected Week Ending:		
Initial Claims, Intrastate and Interstate Taken Directly:		
Intrastate Continued Weeks Claimed:		
Interstate Liable Continued Weeks Claimed:		

Comments:

OMB No.: 1205-0028

OMB Expiration Date: 08/31/2009

OMB Burden Hours: 30 Minutes

OMB Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

B. Purpose

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ETA 538 Advance Weekly Initial and Continued Claims Report

The ETA 538, Advance Weekly Initial and Continued Claims Report, allows the National Office to gather and report data on national weekly initial claims, a leading economic indicator, and national continued weeks claimed, another economic indicator, within one week of the week during which these claims are filed. This report provides for an advance national compilation and release of initial claims and weeks claimed data that, on a national basis, should conceptually be the same as the total of initial claims and weeks claimed data reported on the ETA 539, Weekly Claims and Extended Benefits Trigger Data. The quick release of this information benefits policy makers and the public and reduces the length of time security is needed on state claims data. The ETA 539 will continue to be the source for published state-by-state information about initial and weeks claimed.

With the increased use of direct filing of interstate claims with the liable state, a change in the source of the advance data is necessary to ensure that the counts of all initial claims taken during the reference week are available for advance reporting and that there is no duplication of count. The initial claim count for this report will be based on the total of all intrastate initials and the total of all interstate agent and liable claims taken directly by the state during the report week. These numbers, when aggregated to U.S. totals will produce an unduplicated count that should be very close to the more refined number that will be the U.S. figure compiled from the ETA 539 report.

C. Due Date and Transmittal

Weekly reports will be submitted electronically in time to reach the ETA National Office by the opening of business on the Tuesday following the close of the reference week. (See also section D.2. on freezing data.)

D. General Reporting Instructions

1. Counts. All data reported on the ETA 538 is to consist of data for the regular state UI program only. Counts of weeks compensated or counts of checks issued or counts of weeks claimed which are processed should not be substituted for any part of the count unless rigid processing scheduled are adhered to so that the count is not affected by administrative factors.

Initial claims should include all initial claims taken directly by the state during the week for which data is reported. This includes all intrastate, interstate agent initial claims taken in the week and all interstate liable initial claims taken directly from the claimant during the reference week. Claims taken by an agent state and received in the liable state during the reference weeks are not included in this report by the liable state. In order to report only those liable initial claims taken, states must clearly distinguished them from other initial claims received that were filed through an agent state. The figures should reflect, as closely as possible, the normal seasonal level of claims

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ETA 538 Advance Weekly Initial and Continued Claims Report

activity influenced only by economic factors. They should be adjusted as much as possible for administrative factors as indicated in 3. below.

Continued weeks claimed should include a total of all weeks for which benefits were claimed, even though such benefits were not paid or payment status is uncertain or unknown, e.g., waiting weeks, partial weeks, weeks for which penalties are being served and weeks for which a monetary or nonmonetary issue is pending. The count of continued weeks claimed should not be a count of weeks compensated or a count of checks issued or of claims processed. They should be adjusted as much as possible for administrative factors as indicated in item 3. below.

2. Freezing of Data. Because these data are used to published advance national figures and any revisions in data will be picked up using the ETA 539 report, the data on the ETA 538 will be frozen at 1:15 p.m. Eastern time on the due date. Any corrections to data that cannot be received by that time should not be electronically transmitted and need only be reflected in the final numbers submitted on the ETA 539.
3. Adjustment of Data. The Data on this report is to represent the economic situation for the reference week. Because of the importance of accurate economic representation of the claims counts, only figures adjusted for non-economic distortions should e submitted.

For example, when claimants' filing dates for continued claims are rescheduled to a week other than their "normal" reporting week, or the state agency rescheduled claimants from weekly to biweekly reporting, the counts of continued weeks claimed will be affected and an adjustment should be made. When a natural disaster strikes or an administrative problem such as a computer failure affects the ability of the agency to receive or take a count of claims, and adjustment should be made. Estimates of initial claims and/or continued weeks should be made and reported on this report for each week the counts are thus affected. Particular care should be taken to adjust biweekly data to eliminate the application of judgmental factors. This is easily accomplished by relying upon the application of predetermined allocation or proration rules. Works sheet supporting these adjustments should be retained for future statistical audits.

For those weeks when initial claims or continued weeks claimed were adjusted, the unadjusted figures should not be reported. That is, for each report week, only the adjusted continued weeks claimed should be reported. Adjustments made to data on the ETA 538 should be the same as adjustments made to the same data on the ETA 539.

E. Definitions

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Except as noted for interstate initial claims above, definitions will be the same as those found in the instructions for the ETA 5159, section I-2 and the ETA 539, section I-1 of this handbook.

F. Item by Item Instructions

1. Initial Claims, Intrastate and Interstate Taken Directly. Report all initial claims taken directly, including intrastate and interstate initial claims which the state took directly either as agent or liable state during the reference week. Claims taken directly refers to the number of claims filed in person, by mail, or by other direct means with the state under remote claims taking procedures. Claims directly taken does not include any claims filed through another state and sent to the liable state. This data differs from item "IC" on the ETA 539 report which uses all interstate agent claims, including those reported to the state via the interstate data exchange, plus intrastate counts.
2. Intrastate Continued Weeks Claimed. Report all intrastate continued weeks claimed filed by claimants within the state and by commuters filing under the intrastate program.
3. Interstate Liable Continued Weeks Claimed. Report all continued weeks claimed filed by claimants from another state under the interstate program. Exclude weeks claimed filed by claimants filing as commuters under the intrastate program.