APPENDIX A: Report Forms With Data Maps

Appendix A contains report forms on which cell names for data elements have been indicated. This is useful when accessing data directly through Standard Query Language (SQL) or ACE reports and when evaluating edit messages that refer to these cell designations.
Data tables for required reports generally contain some identical information on each record that will not be specified on the Data Maps. Useful common data elements are:

Description Name

Description	Name
state FIPS	st
Last Day of the Report Period to Which the Data Relate	rptdate
Date the Record was Created	crdate
Date the Record was Last Revised	revdate
Number of Times the Record was Revised	mods
Machine on Which the Record was Created or Last Revised	hostname
User ID of the Individual Who Created or Last Revised the Record	user_id

The statistical data items are stored using cell names c1 through c**n** where **n** is the highest number required to report all data items. While most reports will have cell numbers in sequence as displayed on the report form, reports that have been amended over time will not. When cells have been combined, an alphabetic suffix might be used, example: c14a.
Each required report also has a comment table associated with it. These comment tables use the same name as the associated data table but with a suffix of "cm" appended. These tables store any information that was provided to explain unusual data or to report special information the state wishes to provide or that was requested by the National Office.

TABLE ar191

ETA 191 STATEMENT OF EXPENDITURES & FINANCIAL ADJS OF FEDERAL FUNDS FOR UC FOR UCFE-UCX

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A: SUMMARY STATEMENT OF EXPENDITURES AND ADJUSTMENTS

		UCFE	UCX
1.	**Benefit Expenditures**	c1	c2
2.	**Adjustments Assigned to Agencies:**		
	(a) Cancellations	c3	c4
	(b) Restoration of Overpayments	c5	c6
	(c) Other - Explain in Comments	c7	c8
3.	**Total Assigned Expenditures and Adjustments (Items 1 and 2; these totals must match the totals reported in Section B.)**	c9	c10
4.	**Expenditures and Adjustments Not Assigned to Agencies:**		
	(a) Penalties and Interest	c11	c12
	(b) Other - Explain in Comment	c13	c14
5.	**Total Expenditures and Adjustments Not Assigned to Agencies (Items 4a and 4b)**	c15	c16
6.	**Grand Total - All Expenditures and Adjustments (Items 3 and 5)**	c17	c18

Comments:

TABLE ar191sb

ETA 191 STATEMENT OF EXPENDITURES & FINANCIAL ADJS OF FEDERAL FUNDS FOR UC FOR UCFE-UCX

SECTION B: DETAILED STATEMENT OF EXPENDITURES AND ADJUSTMENTS BY FEDERAL (CIVILIAN) AND MILITARY AGENCIES

Agency Code	Agency Title	Expenditures and Adjustments	
		UCFE	UCX
c1	g_agency.agency_type	c2	c2

TABLE ar203

ETA 203 - CHARACTERISTICS OF THE INSURED UNEMPLOYED

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SAMPLE/ POPULATION: c1

SEX	**Male**	**Female**	**INA**				
	c2	c3	c4				
ETHNICITY	**Hispanic or Latino**	**Not Hispanic or Latino**	**INA**				
	c40	c41	c42				
RACE	**American Indian or Alaskan Native**	**Asian**	**Black or African American**	**Native Hawaiian or Other Pacific Islander**	**White**	**INA**	
	c43	c44	c45	c46	c47	c48	
AGE	**< 22**	**22-24**	**25-34**	**35-44**	**45-54**	**55-59**	**60-64**
	c12	c13	c14	c15	c16	c17	c18
	>=65	**INA**					
	c19	c20					
INDUSTR	**Agriculture/ Forest/Fishing/ Hunting**	**Mining**	**Utilities**	**Construction**	**Manufacturing**	**Wholesale Trade**	**Retail Trade**
	c49	c50	c51	c52	c53	c54	c55
	Transportation and Warehouse	**Information**	**Finance and Insurance**	**Real Estate, Rental and Leasing**	**Professional/ Scientific/ Technical Services**	**Management of Companies and Enterprises**	**Administration and Support/Waste Management/ Remedial Services**
	c56	c57	c58	c59	c60	c61	c62
	Educational Services	**Healthcare and Social Assistance**	**Arts, Entertainment and Recreation**	**Accommodation and Food Services**	**Other Services (except Public Administration)**	**Public Administration**	**INA**
	c63	c64	c65	c66	c67	c68	c69

TABLE ar203 (continued)

ETA 203 - CHARACTERISTICS OF THE INSURED UNEMPLOYED

OCCUPATION							
	Management	Business and Financial Operations	Computer and Math	Architecture and Engineering	Life, Physical and Social Sciences	Community and Social Services	Legal
	c70	c71	c72	c73	c74	c75	c76
	Education, Training and Library	Arts, Design, Entertainment Sport and Media	Healthcare Practitioner and Technical	Healthcare Support	Protective Services	Food Preparation and Serving Related	Building and Grounds Cleaning and Maintenance
	c77	c78	c79	c80	c81	c82	c83
	Personal Care and Services	Sales and Related	Office and Administrative Support	Farming, Fishing and Forestry	Construction and Extraction	Installation, Maintenance and Repair	Production
	c84	c85	c86	c87	c88	c89	c90
	Transportation and Material Moving	Military Specific	INA				
	c91	c92	c93				

Comments:

TABLE ar204

ETA 204 EXPERIENCE RATING

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

RATE YEAR ENDING	COMPUTATION DATE	RATING SYSTEM
c1	c2	c3

SECTION A. All SUBJECT ACCOUNTS: NUMBER & AMOUNTS OF TOTAL & TAXABLE PAYROLL

Number As Of	Payroll 12 Months Ending
c4	c5

		Line No.	Accounts	Total	Taxable
			(1)	(2)	(3)
1.	Taxable Accounts, Total	101	c6	c7	c8
	a. Eligible	102	c9	c10	c11
	b. Ineligible	103	c12	c13	c14
2.	Reimbursable Account	104	c15	c16	
RESERVE RATIO STATES ONLY:					
3.	Subject Accounts (Positive Or Zero Balance)	201	c17	c18	c19
	a. Eligible	202	c20	c21	c22
	b. Ineligible	203	c23	c24	c25
4.	Subject Accounts (Negative Balance)	204	c26	c27	c28
	a. Eligible	205	c29	c30	c31
	b. Ineligible	206	c32	c33	c34

SECTION B. SUMMARY OF BENEFITS PAID, CHARGED, AND NONCHARGED

	Line No.	Amount
5. Total Benefits (Or Benefit Wages) Paid During 12 Months Ending: c35	301	c36

TABLE ar204 (cont'd)

ETA 204 EXPERIENCE RATING

6.	**Taxable Employer Accounts**	**302**	c37
	a. Charged	**303**	c38
	1. Active	**304**	c39
	2. Inactive	**305**	c40
	b. Noncharged	**306**	c41
7.	**Reimbursable Employer Accounts**	**307**	c42
	a. Charged	**308**	c43
	b. Noncharged	**309**	c44

Comments:

TABLE ar204b

ETA204, EXPERIENCE RATING REPORT
SECTION C: BENEFIT RATIO METHOD OF TAXATION

Experience Factor		Average Tax Rate (1)	Number of Accounts (2)	Total Payroll (000) (3)	Taxable payroll (000) (4)	Benefits Charged (000) (5)	Est. Contri-butions (000) (6)
More Than	Equal to or Less Than						
ELIGIBLE – REGULARLY RATED BY FACTOR							
c1		c2	c3	c4	c5	c6	c7
0	0.1						
0.1	0.2						
0.2	0.3						
0.3	0.4						
0.4	0.5						
0.5	0.6						
0.6	0.7						
0.7	0.8						
0.8	0.9						
0.9	1						
1	1.1						
1.1	1.2						
1.2	1.3						
1.3	1.4						
1.4	1.5						
1.5	1.6						
1.6	1.7						
1.7	1.8						
1.8	1.9						
1.9	2						
2	2.1						
2.1	2.2						
2.2	2.3						
2.3	2.4						
2.4	2.5						
2.5	2.6						
2.6	2.7						
2.7	2.8						
2.8	2.9						
2.9	3						
3	3.1						
3.1	3.2						
3.2	3.3						
3.3	3.4						
3.4	3.5						
3.5	3.6						
3.6	3.7						
3.7	3.8						
3.8	3.9						
3.9	4						
4	4.1						
4.1	4.2						

TABLE ar204b (cont'd)

ETA204, EXPERIENCE RATING REPORT
SECTION C: BENEFIT RATIO METHOD OF TAXATION

4.2	4.3						
4.3	4.4						
4.4	4.5						
4.5	4.6						
4.6	4.7						
4.7	4.8						
4.8	4.9						
4.9	5.0						
5.0	5.1						
5.1	5.2						
5.2	5.3						
5.3	5.4						
5.4	5.5						
5.5	5.6						
5.6	5.7						
5.7	5.8						
5.8	5.9						
5.9	6						
6	6.1						
6.1	6.2						
6.2	6.3						
6.3	6.4						
6.4	6.5						
6.5	6.6						
6.6	6.7						
6.7	6.8						
6.8	6.9						
6.9	7						
7	7.1						
7.1	7.2						
7.2	7.3						
7.3	7.4						
7.4	7.5						
7.5	7.6						
7.6	7.7						
7.7	7.8						
7.8	7.9						
7.9	8						
8	8.5						
8.5	9						
9	9.5						
9.5	10						
10	10.5						
10.5	11						
11	11.5						
11.5	12						
12	12.5						
12.5	13						
13	13.5						
13.5	14						
14	14.5						
14.5	15						
15	∞						
+995	Subtotal Eligible Regularly Rated						
+996	Eligible Special Rate						
+997	Total Eligible						
+998	Total Ineligible						
+999	Total All Subject Accounts						

TABLE ar204r

ETA204, EXPERIENCE RATING REPORT
SECTION C: RESERVE RATIO METHOD OF TAXATION

Experience Factor		Average Tax Rate (1)	Number of Accounts (2)	Total Payroll (000) (3)	Taxable payroll (000) (4)	Benefits Charged (000) (5)	Est. Contri-butions (000) (6)
More Than	Equal to or Less Than						
ELIGIBLE – REGULARLY RATED BY FACTOR							
c1		c2	c3	c4	c5	c6	c7
-999	-80						
-80	-60						
-60	-40						
-40	-20						
-20	-19						
-19	-18						
-18	-17						
-17	-16						
-16	-15						
-15	-14						
-14	-13						
-13	-12						
-12	-11						
-11	-10						
-10	-9						
-9	-8						
-8	-7						
-7	-6						
-6	-5						
-5	-4.5						
-4.5	-4						
-4	-3.5						
-3.5	-3						
-3	-2.5						
-2.5	-2						
-2	-1.5						
-1.5	-1						
-1	-0.5						
-.0.5	0						
0	0.5						
0.5	1						
1	1.5						
1.5	2						
2	2.5						
2.5	3						
3	3.5						
3.5	4						
4	4.5						
4.5	5						
5	5.5						
5.5	6						
6	6.5						
6.5	7						
7	7.5						
7.5	8						
8	8.5						
8.5	9						
9	9.5						

TABLE ar204r

ETA204, EXPERIENCE RATING REPORT
SECTION C: RESERVE RATIO METHOD OF TAXATION

9.5	10						
10	10.5						
10.5	11						
11	11.5						
11.5	12						
12	12.5						
12.5	13						
13	13.5						
13.5	14						
14	14.5						
14.5	15						
15	16						
16	17						
17	18						
18	19						
19	20						
20	25						
25	30						
30	35						
35	40						
40	45						
45	∞						
+995	Subtotal Eligible Regularly Rated						
+996	Eligible Special Rate						
+997	Total Eligible						
+998	Total Ineligible						
+999	Total All Subject Accounts						

TABLE arertx (ar205)

ETA 205 - AVERAGE EMPLOYER CONTRIBUTION RATES

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Current Year		Prior Year		2nd Prior Year	
Taxable	**Total**	**Taxable**	**Total**	**Taxable**	**Total**
c1	c2	prior_yr.c1	prior_yr.c2	2nd_prior_yr.c1	2nd_prior_yr.c2

Comments

TABLE ar207

ETA 207 – NONMONETARY DETERMINATION ACTIVITIES

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. DETERMINATIONS, REDETERMINATIONS and DENIALS

	Item	Line No.	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	c1	c2	c3	c4	c5	c6
	Denials	102	c7	c8	c9	c10	c11	c12
UCFE No UI	Determinations	103	c13					
	Denials	104	c14					
UCX Only	Determinations	105	c15					
	Denials	106	c16					

SECTION B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE-CLAIMANT

	Item	Line No.	Total Separation Issues	Voluntary Leaving	Discharge	Other
			(7)	(8)	(9)	(10)
State UI	Determinations	201	c17	c18	c19	c20
	Denials	202	c21	c22	c23	c24
UCFE No UI	Determinations	203	c25	c26	c27	c28
	Denials	204	c29	c30	c31	c32

SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES

	Item	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	c33	c34	c35	c36	c37	c45	c38
	Denials	302	c39	c40	c41	c42	c43	c46	c44

TABLE ae207

ETA 207 - NONMONETARY DETERMINATION ACTIVITY (EB)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. DETERMINATIONS, REDETERMINATIONS AND DENIALS

Item		Line No.	Single-Claimant Totals: Total Determinations and Redeterminations (1)
State UI	Determinations	101	c1
	Denials	102	c2
UCFE No UI	Determinations	103	c3
	Denials	104	c4
UCX No UI	Determinations	105	c5
	Denials	106	c6

SECTION B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE-CLAIMANT

Item		Line No.	Total Separation Issues (7)	Voluntary Leaving (8)	Discharge for Misconduct (9)	Other (10)
State UI	Determinations	201	c7	c8	c9	c10
	Denials	202	c11	c12	c13	c14

SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES, SINGLE-CLAIMANT

Item		Line No.	Total Nonseparation Issues (11)	Able, Available, Actively Seeking (12)	Refusal of Suitable Work (14)	Other (aliens, athletes, school) (16)
State UI	Determinations	301	c15	c16	c17	c18
	Denials	302	c19	c20	c21	c22

Comments:

TABLE at207

ETA 207 - NONMONETARY DETERMINATION ACTIVITY (TEUC)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. DETERMINATIONS, REDETERMINATIONS AND DENIALS

Item		Line No.	Single-Claimant Totals Total Determinations and Redeterminations (1)
State UI	Determinations	101	c1
	Denials	102	c2
UCFE No UI	Determinations	103	c3
	Denials	104	c4
UCX No UI	Determinations	105	c5
	Denials	106	c6

SECTION B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE-CLAIMANT

Item		Line No.	Total Separation Issues (7)	Voluntary Leaving (8)	Discharge for Misconduct (9)	Other (10)
State UI	Determinations	201	c7	c8	c9	c10
	Denials	202	c11	c12	c13	c14

SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES, SINGLE-CLAIMANT

Item		Line No.	Total Nonseparation Issues (11)	Able, Available, Actively Seeking (12)	Refusal of Suitable Work (14)	Other (aliens, athletes, school) (16)
State UI	Determinations	301	c15	c16	c17	c18
	Denials	302	c19	c20	c21	c22

Comments:

TABLE ar218

ETA 218 BENEFIT RIGHTS AND EXPERIENCE

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. MONETARY DETERMINATIONS

	DETERMINATIONS			NUMBER OF CLAIMANTS ESTABLISHING BENEFIT YEARS		
LINE NO.	Total	Insufficient Wage Credits (2)	Sufficient Wage Credits (3)	Total	Maximum Weekly Benefit (5)	Maximum Benefit and Duration (6)
100	c1	c2	c3	c4	c5	c6

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	c9	c10	c11	c12	c13	c14	c15
102	Actual	c16	c17	c18	c19	c20	c21	c22

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	c23	c24	c25	c26	c27	c28	c29
104	Actual	c30	c31	c32	c33	c34	c35	c36

Comments:

TABLE ae218

ETA 218 BENEFIT RIGHTS AND EXPERIENCE (EB)

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. MONETARY DETERMINATIONS			
	TOTAL	WITH INSUFFICIENT WAGE CREDITS	WITH SUFFICIENT WAGE CREDITS
DETERMINATIONS	c1	c2	c3

TABLE ac218

ETA 218 BENEFIT RIGHTS AND EXPERIENCE (EUC)

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. MONETARY DETERMINATIONS			
	TOTAL	WITH INSUFFICIENT WAGE CREDITS	WITH SUFFICIENT WAGE CREDITS
DETERMINATIONS	c1	c2	c3

TABLE ar227

ETA 227 OVERPAYMENT DETECTION/RECOVERY

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. OVERPAYMENTS ESTABLISHED - CAUSES

Cause	Line No.	Number of Schemes (1)	Number of Cases		Dollar Amounts	
			UI	UCFE/UCX (3)	UI (4)	UCFE/UCX (5)
Fraud - Total	**101**		c1	c2	c3	c4
Multi Claimant Schemes	**102**	c183	c184	c185	c186	c187
Nonfraud - Total	**103**		c27	c28	c29	c30
Reversals	**104**		c5	c6	c7	c8
SWA Errors	**105**		c9	c10	c11	c12
Employer Errors	**106**		c13	c14	c15	c16
Claimant Errors	**107**		c17	c18	c19	c20
Other	**108**		c23	c24	c25	c26
Penalty	**109**				c21	c22
Total - Fraud, Nonfraud and Penalty	**110**		c31	c32	c33	c34

SECTION B. OVERPAYMENTS ESTABLISHED - METHODS OF DETECTION

Method	Line No.	Number of Cases Investigated (6)	Fraud		Nonfraud	
			Number of Cases (7)	Dollars (8)	Number of Cases (9)	Dollars (10)
Controllable - Total	**201**		c188	c189	c190	c191
Wage/Benefit Crossmatch	**202**	c75	c76	c77	c78	c79
IB Crossmatch	**203**	c159	c160	c161	c162	c163
New Hires Systems	**204**	c192	c193	c194	c195	c196
Multi-Claimant Scheme Systems	**205**	c164	c165	c166		
Special Project	**206**	c197	c198	c199	c200	c201

Other	**207**					

TABLE ar227 (cont'd)

ETA 227 OVERPAYMENT DETECTION/RECOVERY

Noncontrollable - Total	**208**	c202	c203	c204	c205
Total - Controllable and Noncontrollable	**209**	c131	c132	c133	c134

SECTION C. RECOVERY/RECONCILIATION

Item	Line No.	Dollar Amount			
		Fraud		Nonfraud	
		UI(11)	UCFE/UCX(12)	UI(13)	UCFE/UCX(14)
Outstanding at Beginning of Period	**301**	c35	c36	c37	c38
Recovered - Total	**302**	c206	c207	c208	c209
Cash	**303**	c39	c40	c41	c42
Benefit Offset	**304**	c43	c44	c45	c46
State Income Tax Offset	**305**	c210	c211	c212	c213
By Other States	**306**	c214	c215	c216	c217
Other	**307**	c218	c219	c220	c221
Waived	**308**			c49	c50
Written-Off	**309**	c55	c56	c57	c58
Additions	**310**	c59	c60	c61	c62
Subtractions	**311**	c67	c68	c69	c70
Receivables Removed at End of Period	**312**	c222	c223	c224	c225
Outstanding at End of Period	**313**	c71	c72	c73	c74
Recovered for Other States	**321**	c230	c231	c232	c233

SECTION D. CRIMINAL/CIVIL ACTIONS

Item	Line No.	State/Local Courts		Federal (OIG) (17)
		UI (15)	UCFE/UCX (16)	
Number of Fraud Cases Pending Prosecution at Beginning of Period	**401**	c135	c136	c137

Number of Fraud Cases Referred for Prosecution During Period	**402**	c138	c139	c138

TABLE ar227 (cont'd)

ETA 227 OVERPAYMENT DETECTION/RECOVERY

Number of Cases Prosecution Refused	**403**	c141	c142	c143
Number of Convictions Obtained	**404**	c144	c145	c146
Number of Cases Referred for Civil Action	**405**	c147	c148	
Number of Civil Actions Obtained	**406**	c149	c150	

SECTION E. AGING OF BENEFIT OVERPAYMENT ACCOUNTS

Accounts Receivable	Line No.	Dollar Amounts	
		UI(18)	UCFE/UCX(19)
90 days or less	**501**	c169	c170
91 - 180 days	**502**	c171	c172
181 - 270 days	**503**	c173	c174
271 - 360 days	**504**	c175	c176
361 - 450 days	**505**	c177	c178
451 days or more	**506**	c179	c180
Total Accounts Receivable	**507**	c181	c182

Comments:

TABLE ac227

ETA 227 OVERPAYMENT DETECTION/RECOVERY (EUC)

(EUC PROGRAM IS NO LONGER OPERATIONAL BUT HISTORICAL DATA IS AVAILABLE)

State:	Region Code:	Report for Period Ended:
st	g_states.region	rptdate

SECTION A: NUMBER AND AMOUNTS OF OVERPAYMENTS ESTABLISHED

Item		Ln. No.	Number of Cases		Dollar Amounts	
			UI (1)	UCFE/X (2)	UI (3)	UCFE/X (4)
Total Fraud overpayments		**101**	c1	c2	c3	c4
Nonfraud Overpayments	**Reversals (JAVA)**	**102**				
	SESA Errors	**103**				
	Employer Errors	**104**				
	Claimant Errors	**105**				
	Admin. Penalty	**106**				
	Other	**107**				
Total Nonfraud Overpayments		**108**	c5	c6	c7	c8
Total Fraud & Nonfraud Overpayments		**109**				

SECTION B. RECONCILIATION OF OVERPAYMENT ACTIVITIES

Item	Ln. No.	Number of Cases				Dollar Amounts			
		Fraud		Nonfraud		Fraud		Nonfraud	
		UI (5)	FE/X (6)	UI (7)	FE/X (8)	UI (9)	FE/X (10)	UI (11)	FE/X (12)
Outstand. Beg.	**201**					c9	c10	c11	c12
Recover. Cash	**202**					c13	c14	c15	c16
Recover. Off.	**203**					c17	c18	c19	c20
Waived	**204**			c21	c22			c23	c24
Written Off	**205**	c25	c26	c27	c28	c29	c30	c31	c32
Additions	**206**					c33	c34	c35	c36
Subtractions	**207**	c37	c38	c39	c40	c41	c42	c43	c44
Outstand. End.	**208**					c45	c46	c47	c48
Allow Doubt.	**209**					c49	c50	c51	c52
Collectable	**210**					c53	c54	c55	c56

Comments:

TABLE at227

ETA 227 - OVERPAYMENT DETECTION AND RECOVERY (TEUC)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. OVERPAYMENTS ESTABLISHED - CAUSES

Cause	Line No.	Number of Schemes (1)	Number of Cases UI (2)	Number of Cases UCFE/UCX (3)	Dollar Amounts UI (4)	Dollar Amounts UCFE/UCX (5)
Fraud - Total	101		c1	c2	c3	c4
Multi Claimant Schemes	102	c183	c184	c185	c186	c187
Nonfraud - Total	103		c27	c28	c29	c30
Reversals	104		c5	c6	c7	c8
SWA Errors	105		c9	c10	c11	c12
Employer Errors	106		c13	c14	c15	c16
Claimant Errors	107		c17	c18	c19	c20
Other	108		c23	c24	c25	c26
Penalty	109				c21	c22
Total - Fraud, Nonfraud and Penalty	110		c31	c32	c33	c34

SECTION B. OVERPAYMENTS ESTABLISHED - METHODS OF DETECTION

Method	Line No.	Number of Cases Investigated (6)	Fraud Number of Cases (7)	Fraud Dollars (8)	Nonfraud Number of Cases (9)	Nonfraud Dollars (10)
Controllable - Total	201		c188	c189	c190	c191
Wage/Benefit Crossmatch	202	c75	c76	c77	c78	c79
IB Crossmatch	203	c159	c160	c161	c162	c163
New Hires Systems	204	c192	c193	c194	c195	c196
Multi-Claimant Scheme Systems	205	c164	c165	c166		
Special Project	206	c197	c198	c199	c200	c201
Other	207		c116	c117	c118	c119
Noncontrollable - Total	208		c202	c203	c204	c205
Total - Controllable and Noncontrollable	209		c131	c132	c133	c134

TABLE at227 (cont'd)

ETA 227 - OVERPAYMENT DETECTION AND RECOVERY (TEUC)

SECTION C. RECOVERY/RECONCILIATION

Item	Line No.	Dollar Amounts			
		Fraud		Nonfraud	
		UI(11)	UCFE/UCX(12)	UI(13)	UCFE/UCX(14)
Outstanding Beginning Period	301	c35	c36	c37	c38
Recovered - Total	302	c206	c207	c208	c209
Cash	303	c39	c40	c41	c42
Benefit Offset	304	c43	c44	c45	c46
State Income Tax Offset	305	c210	c211	c212	c213
By Other States	306	c214	c215	c216	c217
Other	307	c218	c219	c220	c221
Waived	308			c49	c50
Written-Off	309	c55	c56	c57	c58
Additions	310	c59	c60	c61	c62
Subtractions	311	c67	c68	c69	c70
Receivables Removed End Period	312	c222	c223	c224	c225
Outstanding End Period	313	c71	c72	c73	c74
Recovered for Other States	321	c230	c231	c232	c233

SECTION D. CRIMINAL/CIVIL ACTIONS

Item	Line No.	State/Local Courts		Federal(OIG)(17)
		UI(15)	UCFE/UCX(16)	
Fraud Cases Pending Prosecution Beginning Period	401	c135	c136	c137
Fraud Cases Referred Prosecution During Period	402	c138	c139	c138
Number Cases Prosecution Refused	403	c141	c142	c143
Number Convictions Obtained	404	c144	c145	c146
Number Cases Referred for Civil Actions	405	c147	c148	
Number Civil Actions Obtained	406	c149	c150	

TABLE at227 (cont'd)

ETA 227 - OVERPAYMENT DETECTION AND RECOVERY (TEUC)

SECTION E. AGING OF BENEFIT OVERPAYMENT ACCOUNTS

Accounts Receivable	Line No.	Dollar Amounts	
		UI	UCFE/UCX
		(18)	(19)
90 days or less	**501**	c169	c170
91 - 180 days	**502**	c171	c172
181 - 270 days	**503**	c173	c174
271 - 360 days	**504**	c175	c176
361 - 450 days	**505**	c177	c178
451 days or more	**506**	c179	c180
Total Accounts Receivable	**507**	c181	c182

TABLE ar2112

ETA 2112 UI FINANCIAL TRANSACTION SUMMARY

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

ITEM	LINE NO	NET TOTALS (Sum of Cols. D, E & F)	CLEARING ACCOUNT	UNEMPLOYMENT TRUST FUND ACCOUNT	BENEFIT PAYMENT ACCOUNT
A	B	C	D	E	F
Balance Forward	01	c1	c2	c3	c4
DEPOSITS					
Total Deposits	10	c5	c6	c7	c8
Net UI Contributions	11	c9	c10		
Penalty/Interest	12	c11	c12		
U.S. Treasury Interest Credits	13	c13		c14	
Title IX Amortization	14	c15	c16		
Title IX Distribution	15	c90		c91	
Intra-Account Transfer	16	c17		c19	c20
Interstate Benefits	17	c21	c22	c23	c24
UCX Advances/Reimbursements	18	c25		c26	
Reimb Local Govt/Indian Tribes	19	c27	c28		
Reimbursements State Govt	20	c29	c30		
Reimbursements Non-profit	21	c31	c32		
Federal Share (EB)	22	c33		c34	
Fed Emergency Compensation	23	c35		c36	
UCFE Advances/Reimbursements	24	c37		c38	
Other Sources #1	25	c39	c40	c41	c42
Other Sources #2	26	c43	c44	c45	c46
Other Sources #3	27	c104	c105	c106	c107
Other Sources #4	28	c108	c109	c110	c111
Other Sources #5	29	c112	c113	c114	c115
		DISBURSEMENTS			
Total Disbursements	30	c47	c48	c49	c50
Net UI Benefits	31	c51			c52
Net State Share (EB)	32	c53			c54

TABLE ar2112 (cont'd)

ETA 2112 UI FINANCIAL TRANSACTION SUMMARY

Reimb. Local Govt/Indian Tribes	**33**	c55		c92	c56
Reimbursements State Govt	**34**	c57		c93	c58
Reimbursements Non-profit	**35**	c59		c94	c60
UCX Net Payments	**36**	c61			c62
Federal Share (Regular)	**37**	c63			c64
Federal Share (EB)	**38**	c65			c66
FSC Activity	**39**	c67			c68
EUC Activity	**40**	c98			c99
TEUC Activity	**41**	c100			c101
Fed Emergency Compensation	**42**	c102			c103
Interstate Benefits	**43**	c69		c89	c70
Title IX (Reed)	**44**	c71		c72	
To Special Funds	**45**	c73	c74		
UCFE Net Payments	**46**	c75			c76
Intra-Account Transfer	**47**	c77	c78	c79	
Other (Explain)	**48**	c81	c82	c83	c84
Balance Close Month	**49**	c85	c86	c87	c88
OTHER INFORMATION					
Withholding	**50**	c95		c96	c97

Comments:

TABLE ac2112

ETA 2112 UI FINANCIAL TRANSACTION SUMMARY (EUC)

STATE	REGION	REPORT FOR PERIOD ENDING
Alaska	06	05/31/2005

Benefits Paid for Initials Filed on or Before 7-4-1992		
1.	**Regular**	c1
2.	**UCFE**	c2
3.	**UCX**	c3
4.	**Other**	c4
Benefits Paid for Initials Filed From 7-4-1992 Through 3-6-1993		
5.	**Total**	c5
Benefits Paid for Initials Filed From 3-7-1993 Through 10-2-1993		
6.	**Total**	c6
Benefits Paid for Initials Filed After 10-2-1993		
7.	**Total**	c7

TABLE ar538

ETA 538 – ADVANCE WEEKLY INITIAL AND CONTINUED CLAIMS REPORT

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Week Number:	c1	**Reflected Week Ending:**	c2
Initial Claims, Intrastate and Interstate Taken Directly:			c3
Intrastate Continued Weeks Claimed:			c4
Interstate Liable Continued Weeks Claimed:			c5

Comments:

TABLE ar539

ETA 539 - CLAIMS AND EXTENDED BENEFITS DATA

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Week Number:			c1	**Reflected Week Ending:**				c2	
IC:	c3	**FIC:**	c4	**XIC:**	c5	**WSIC:**	c6	**WSEIC:**	c7
CW:	c8	**FCW:**	c9	**XCW:**	c10	**WSCW:**	c11	**WSECW:**	c12
EBT:	c13	**EBUI:**	c14	**ABT:**	c15	**ABUI:**	c16		
AT:	c17	**CE:**	c18	**R:**	c19	**AR:**	c20	**P:**	c21
STATUS:		c22		**STATUS CHANGE DATE:**				c23	

Comments:

TABLE ar581

ETA 581 - CONTRIBUTION OPERATIONS

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Employer Count	**Line 101**	**End Quarter Employers**			**Delinquency Cutoff Date**	**Total Number Wage Items Received**	
		Contributory	**Reim-bursement**	**Total**			
		(1)	**(2)**	**(3)**	**(4)**	**(5)**	
		c1	c2	c3	c4	c14	
Employer Reports for Preceding Quarters	**201**	**Contributory Employers**			**Reimbursing Employers**		
		Filing Timely	**Secured**	**Resolved**	**Filing Timely**	**Secured**	**Resolved**
		(6)	**(7)**	**(8)**	**(9)**	**(10)**	**(11)**
		c53	c54	c55	c56	c57	c58
		Number Outstanding Quarters Prior to Report Quarter			**Total Estimated Contributions Due**		
		(12)			**(13)**		
		c13a			c13b		
Status Determinations	**301**	**Newly Established Employers**			**Successor Employers**		
		Number	**Time Lapse <=90**	**Time Lapse <=180**	**Number**	**Time Lapse <=90**	**Time Lapse <=180**
		(14)	**(15)**	**(16)**	**(17)**	**(18)**	**(19)**
		c11	c61	c62	c68	c59	c60
		Inactivations/Terminations					
		(20)					
		c63					
Contributory Employers Receivables	**401**	**Total Beginning Period**	**Deter-mined Receivable**	**Liquidated**	**Declared Uncol-lectible**	**Removed End Period**	**Total End Period**
		(21)	**(22)**	**(23)**	**(24)**	**(25)**	**(26)**
		c14a	c15	c16	c17	c64	c18
		Number Employers Owing Receivables in (26)					
		(27)					
		c19					
Age of Contributory Receivables	**402**	**6 Months or Less**	**9 Months**	**12 Months**	**15 Months**	**Over 15 Months**	
		(28)	**(29)**	**(30)**	**(31)**	**(32)**	
		c43	c44	c45	c46	c47	

TABLE ar581 (cont'd)

ETA 581 - CONTRIBUTION OPERATIONS

Reimbursing Employers Receivables		Total Beginning Period	Deter-mined Receivable	Liquidated	Declared Uncol-lectible	Removed End Period	Total End Period
		(33)	(34)	(35)	(36)	(37)	(38)
	403	c19a	c20	c21	c22	c65	c23
		Number Employers Owing Receivables in (38)					
		(39)					
		c24					
Age of Reimbursing Receivables	404	6 Months or Less	9 Months	12 Months	15 Months	Over 15 Months	
		(40)	(41)	(42)	(43)	(44)	
		c48	c49	c50	c51	c52	
Audit Activity	501	Number of Audits			Calendar Quarters Audited		
		Large Employers	Change Audits	Total Audits			
		(45)	(46)	(47)	(48)		
		c25a	c28a	c25b	c26a		
		Total Wages Audited		Hours Spent Auditing	Employee Miscellaneous Independent Contributions		
		Pre-Audit	Post-Audit				
		(49)	(50)	(51)	(52)		
		c66	c67	c29a	c69		
	502	Amount Underreported					
		Total Wages		Taxable Wages	Contributions		
		(53)		(54)	(55)		
		c37a		c38a	c39a		
		Amount Overreported					
		Total Wages		Taxable Wages	Contributions		
		(56)		(57)	(58)		
		c40a		c41a	c42a		

Comments:

TABLE ar586

ETA 586 - INTERSTATE ARRANGEMENT-EMPLOYMENT AND WAGES

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. CLAIMS AND PAYMENT ACTIVITIES

State UI	Line No.	New Claims (1)	Persons Establishing Benefit Years (2)	No. Combined Wage Claims Withdrawn (3)	Weeks Compensated (4)	Benefits Paid (5)	Prior Weeks Compensated (6)	Prior Benefits Paid (7)
Intrastate	101	c1	c2	c3	c4	c5	c31	c32
Interstate Received as Paying State	102	c6	c7	c8	c9	c10	c33	c34

SECTION B. FIRST PAYMENT AND WAGE TRANSFER RESPONSES - TIME LAPSE

Time Lapse in Days	First Payment Time Lapse		Wage Requests Received (10)	
	Intrastate (8)	Interstate (9)	Time Lapse in Days	Responses (11)
			Total	c26
			3 or less	c84
Total	c35	c36	4 - 6	c85
7 or less	c37	c38	7 - 10	c39
8 - 14	c40	c41	11 - 14	c42
15 - 21	c43	c44	15 - 21	c45
22 - 28	c46	c47	22 - 28	c48
29 - 35	c49	c50	29 - 35	c51
36 - 42	c52	c53	36 - 42	c54
43 - 49	c55	c56	43 - 49	c57
50 - 56	c58	c59	50 - 56	c60
57 - 63	c61	c62	57 - 63	c63
64 - 70	c64	c65	64 - 70	c66
> 70	c67	c68	> 70	c69

TABLE ar586 (cont'd)

ETA 586 - INTERSTATE ARRANGEMENT-EMPLOYMENT AND WAGES

SECTION C. BILLING AND REIMBURSEMENT TIME LAPSE		
Time Lapse in Days	**Billing Time Lapse (12)**	**Reimbursement Time Lapse (13)**
Total	c70	c71
14 or less	c72	c73
15 - 30	c74	c75
31 - 45	c76	c77
46 - 60	c78	c79
61 - 90	c80	c81
> 90	c82	c83

Comments:

TABLE ar5130

ETA 5130 - BENEFIT APPEALS REPORT

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. SINGLE and MULTICLAIMANT APPEALS CASE DECISIONS BY PROGRAM AND OTHER DISPPOSITION

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	c1	c2	c3	c4	c5	c6	c7

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
		(8)	(9)	(10)	(11)
200	Filed During Month	c9	c10	c11	c12
210	Disposed of During Month	c13	c14	c15	c16

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	c51	c52	c53	c54	c55	c56	c57	c58
310	In Favor of Appellant	c59	c60	c61	c62	c63	c64	c65	c66

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	c67	c68	c69	c70	c71	c72	c73

Comments:

TABLE: ae5130

ETA 5130 - BENEFIT APPEALS (EB)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. SINGLE CLAIMANT AND MULTICLAIMANT APPEAL DECISIONS BY PROGRAM AND OTHER DISPOSITIONS

	UI Decisions		UCFE-No UI Decisions		UCX Only Decisions		
Line No.	Lower Authority (1)	Higher Authority (2)	Lower Authority (3)	Higher Authority (4)	Lower Authority (5)	Higher Authority (6)	Other Dispositions (7)
100	c1	c2	c3	c4	c5	c6	c7

SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF APPEALS

		Single-Claimant Appeals		Multi-Claimant Appeals	
Line No.	Status of Appeals	Lower Authority (8)	Higher Authority (9)	Lower Authority (10)	Higher Authority (11)
200	Filed During Month	c9	c10	c11	c12
210	Disposed of During Month	c13	c14	c15	c16

SECTION C. STATE UI APPEALS DECISIONS BY TYPE OF APPELLANT

		All UI Decisions		Claimant		Employer		Other	
Line No.	Appeals Decision	Lower Authority (12)	Higher Authority (13)	Lower Authority (14)	Higher Authority (15)	Lower Authority (16)	Higher Authority (17)	Lower Authority (18)	Higher Authority (19)
300	Total	c51	c52	c53	c54	c55	c56	c57	c58
310	In Favor of Appellant	c59	c60	c61	c62	c63	c64	c65	c66

SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY ISSUE

Line No.	Total UI Decisions (20)	Voluntary Quit (21)	Mis-conduct (22)	Refusal of Suitable Work	Not Able or Available (24)	Labor Dispute (25)	Other (26)
400	c67	c68	c69	c70	c71	c72	C73

Comments:

TABLE: at5130

ETA 5130 - BENEFIT APPEALS (TEUC)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. SINGLE CLAIMANT AND MULTICLAIMANT APPEAL DECISIONS BY PROGRAM AND OTHER DISPOSITIONS

	UI Decisions		UCFE-No UI Decisions		UCX Only Decisions		
Line No.	Lower Authority (1)	Higher Authority (2)	Lower Authority (3)	Higher Authority (4)	Lower Authority (5)	Higher Authority (6)	Other Dispositions (7)
100	c1	c2	c3	c4	c5	c6	c7

SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF APPEALS

		Single-Claimant Appeals		Multi-Claimant Appeals	
Line No.	Status of Appeals	Lower Authority (8)	Higher Authority (9)	Lower Authority (10)	Higher Authority (11)
200	Filed During Month	c9	c10	c11	c12
210	Disposed of During Month	c13	c14	c15	c16

SECTION C. STATE UI APPEALS DECISIONS BY TYPE OF APPELLANT

		All UI Decisions		Claimant		Employer		Other	
Line No.	Appeals Decision	Lower Authority (12)	Higher Authority (13)	Lower Authority (14)	Higher Authority (15)	Lower Authority (16)	Higher Authority (17)	Lower Authority (18)	Higher Authority (19)
300	Total	c51	c52	c53	c54	c55	c56	c57	c58
310	In Favor of Appellant	c59	c60	c61	c62	c63	c64	c65	c66

SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY ISSUE

Line No.	Total UI Decisions (20)	Voluntary Quit (21)	Mis-conduct (22)	Refusal of Suitable Work	Not Able or Available (24)	Labor Dispute (25)	Other (26)
400	c67	c68	c69	c70	c71	c72	C73

Comments:

TABLE ar5159

ETA 5159 – CLAIMS AND PAYMENT ACTIVITIES

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. CLAIMS ACTIVITIES

Program	Line No.	Initial Claims: Sum of Total Cols. 2-4 (1)	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)
State UI	101	c1	c2	c3	c4	c97	c5	c6
UCFE No UI	102	c7	c8	c9	c10	c98	c11	c12
UCX Only	103	c13	c14	c15	c16	c99	c17	c18

		Eligibility Reviews: Intrastate (8)	Eligibility Reviews: Interstate Liable (9)	Continued Weeks Claimed: Intrastate (10)	Continued Weeks Claimed: Interstate Filed From Agent State (11)	Continued Weeks Claimed: Interstate Received as Liable State (12)	Entering Self Employment, All Programs (13)
State UI	201	c19	c20	c21	c22	c24	c94
UCFE No UI	202	c25	c26	c27	c28	c30	
UCX Only	203	c31	c32	c33	c34	c36	

SECTION B. PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated: State UI Program: All Weeks Compensated (14)	State UI Program: Total Unemployment (15)	State UI Program: Interstate (16)	UCFE and UCX Programs: Total (17)	UCFE and UCX Programs: UCFE No UI (18)	UCFE and UCX Programs: UCX Only (19)	Self Employment, All Programs (20)
Number	301	c38	c39	c40	c41	c42	c43	c95
Amount	302	c45	c46	c47	c48	c49	c50	c96

		First Payments for All Unemployment: State UI Program: Total (21)	First Payments: State UI Program: Intrastate (22)	First Payments: State UI Program: Interstate (23)	First Payments: UCFE and UCX Programs: UCFE No UI (24)	First Payments: UCFE and UCX Programs: UCX Only (25)	Final Payments for All Unemployment: State UI Program: Total (26)	Final Payments: UCFE and UCX Programs: UCFE No UI (27)	Final Payments: UCFE and UCX Programs: UCX Only (28)
Number	303	c51	c52	c53	c54	c55	c56	c57	c58

Comments:

TABLE ae5159

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES (EB)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. CLAIMS ACTIVITIES

Program	Line No.	Initial Claims				
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Interstate Received as Liable State (7)
State UI	101	c1	c46	c2	c49	c3
UCFE, No UI	102	c4	c47	c5	c50	c6
UCX Only	103	c7	c48	c8	c51	c9

		Eligibility Reviews		Continued Weeks Claimed		
		Intrastate (8)	Interstate Liable (9)	Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liable State (13)
State UI	201	c10	c11	c12	c13	c15
UCFE, No UI	202	c16	c17	c18	c19	c21
UCX Only	203	c22	c23	c24	c25	c27

SECTION B. PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated				
		State UI Program		UCFE and UCX Programs		
		All Weeks Compensated (15)	Total Unemployment (16)	Total (18)	UCFE, No UI (19)	UCX Only (20)
Number	301	c29	c30	c31	c32	c33
Amount	302	c35	c36	c37	c38	c39

		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 (22)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)
Number	303	c40	c41	c42	c43	c44	c45

Comments:

TABLE at5159

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES (TEUC)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. CLAIMS ACTIVITIES

Program	Line No.	Initial Claims				
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Interstate Received as Liable State (7)
State UI	101	c1	c46	c2	c49	c3
UCFE, No UI	102	c4	c47	c5	c50	c6
UCX Only	103	c7	c48	c8	c51	c9

Program	Line No.	Eligibility Reviews		Continued Weeks Claimed		
		Intrastate (8)	Interstate Liable (9)	Intrastate (10)	Interstate Filed From Agent State (11)	Interstate Received as Liable State (12)
State UI	201	c10	c11	c12	c13	c15
UCFE, No UI	202	c16	c17	c18	c19	c21
UCX Only	203	c22	c23	c24	c25	c27

SECTION B. PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated				
		State UI Program		UCFE and UCX Programs		
		All Weeks Compensated (14)	Total Unemployment (15)	Total (17)	UCFE, No UI (18)	UCX Only (19)
Number	301	c29	c30	c31	c32	c33
Amount	302	c35	c36	c37	c38	c39

Item		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 (21)	UCFE, No UI (24)	UCX Only (25)	Total (26)	UCFE, No UI (27)	UCX Only (28)
Number	303	c40	c41	c42	c43	c44	c45

Comments:

TABLE aw5159

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES (WORKSHARE)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 | State UI	c1	c2

Items	Continued Weeks Claimed
	Intrastate (9)
201 | State UI	c3

SECTION B. PAYMENT ACTIVITIES

Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 | Number	c4	
302 | Amount	c5	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 | Number	c6	c7

SECTION C. FULL TIME EQUIVALENTS

	Equivalent Initials	Equivalent Weeks Claimed
Number	c8	c9

Comments:

TABLE ar8401

ETA 8401 - MONTHLY ANALYSIS OF BENEFIT PAYMENT ACCOUNT

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Bank Name:	c2	**Bank City:**	c3
Account Number:	c1	**Commingled/Separate:**	c4

	LEDGER	
1.	**Beginning Balance**	c5
2.	**Total Deposits**	c6
3.	**Total Checks Issued**	c7
4.	**Ending Balance**	c8
5.	**Total of Daily Ledger Balances**	c18
6.	**Average Daily Balance**	c9
7.	**Percent Average Daily Balance to Checks Issued**	c10
	DEPOSITS	
8.	**UI Trust Funds**	c11
9.	**Reimbursable Funds**	c12
10.	**Federal Funds**	c13
11.	**Refunds**	c14
	CHECKS ISSUED	
12.	**UI Trust Funds**	c15
13.	**Reimbursable Funds**	c16
14.	**Federal Funds**	c17

Comments:

TABLE ar8405

ETA 8405 - MONTHLY ANALYSIS OF CLEARING ACCOUNT

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Bank Name:	c2	**Bank City:**	c3
Account Number:	c1	**Commingled/Separate:**	c4

	LEDGER	
1.	**Beginning Balance**	c5
2.	**Total Deposits**	c6
3.	**Total Transfers to Trust Fund**	c7
4.	**Total Deductions Other Purposes**	c8
5.	**Ending Balance**	c9
6.	**Total of Daily Ledger Balance**	c16
7.	**Average Daily Balance**	c10
8.	**Percent Average Daily Balance to Total Deposits**	c11
	DEDUCTIONS FOR OTHER PURPOSES	
9.	**Employer Refunds**	c12
10.	**Dishonored Checks**	c13
11.	**Interest and Penalty Fund**	c14
12.	**Other - Benefits**	c15

Comments:

TABLE ar8413

ETA 8413 - INCOME-EXPENSE ANALYSIS, UNEMPLOYMENT COMPENSATION FUND BENEFIT PAYMENT ACCOUNT

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Bank Name: c2 **Bank City:** c3

Account Number: c1

LEDGER

1.	**Beginning Balance**	c7
2.	**Total Deposits**	c5
3.	**Total Withdrawals**	c6
4.	**Ending Balance**	c8

INCOME ANALYSIS

5.	**Total Daily Ledger Balance**	c4
6.	**Average Daily Ledger Balance**	c5
7.	**Average Daily Float**	c10
8.	**Average Daily Collected Balance (Line 6 - Line 7)**	c11
9.	**Reserves at** c12%	c13
10.	**Average Daily Loanable Balance (Line 8 - Line 9)**	c14
11.	**Earning Value at** c15%	c16

EXPENSE ANALYSIS

12.	**Checks Deposited: Number** c17 **at** c18	c19
13.	**Checks on Account: Number** c20 **at** c21	c22
14.	**Checks on Account: Number** c23 **at** c24	c25
15.	**Checks on Account: Number** c26 **at** c27	c28
16.	**Other Costs**	c29
17.	**Other Costs**	c30
18.	**Other Costs**	c31
19.	**Total Costs (Line12 through Line 18)**	c32
20.	**NET PROFIT/LOSS**	c33

Comments:

TABLE ar8414

ETA 8414 – INCOME -EXPENSE ANALYSIS UNEMPLOYMENT COMPENSATION FUND CLEARING ACCOUNT

STATE	REGION	REPORT FOR PERIOD ENDING
st	g states.region	rptdate

Bank Name:	c2	**Bank City:**	c3
Account Number:	c1		

	LEDGER	
1.	**Beginning Balance**	c7
2.	**Total Deposits**	c5
3.	**Total Withdrawals**	c6
4.	**Ending Balance**	c8
	INCOME ANALYSIS	
5.	**Total Daily Ledger Balance**	c4
6.	**Average Daily Ledger Balance**	c9
7.	**Average Daily Float**	c10
8.	**Average Daily Collected Balance (Line 6 - Line 7)**	c11
9.	**Reserves at** c12%	c13
10.	**Average Daily Loanable Balance (Line 8 - Line 9)**	c14
11.	**Earning Value at**	c16
	EXPENSE ANALYSIS	
12.	**Checks Deposited Local: Number** c17 **at** c18	c19
13.	**Checks Deposited Tran.: Number** c20 **at** c21	c22
14.	**Checks on Account: Number** c23 **at** c24	c25
15.	**Checks on Account: Number** c26 **at** c27	c28
16.	**Checks on Account: Number** c29 **at** c30	c31
17.	**Other Costs**	c32
18.	**Other Costs**	c33
19.	**Other Costs**	c34
20.	**Total Costs (Line12 through Line 19)**	c35
21.	**NET PROFIT/LOSS**	c36

Comments:

TABLE ar902

ETA 902 - DISASTER UNEMPLOYMENT ASSISTANCE ACTIVITY

STATE	REGION	REPORT FOR PERIOD ENDING	
st	g_states.region	rptdate	
FEMA Directive No.	**Report Type**	**Declaration Date**	**Announcement Date**
c1	c69	c2	c3

SECTION A. APPLICATION AND PAYMENT ACTIVITIES

Category	Line No.	Initial Appeals	Number of Determined Eligible	First Payments	Weeks Claimed	Weeks Compensated	Amount Compensated
		1	2	3	4	5	6
Total	**101**	c4	c5	c6	c21	c22	c23
Self-Employed	**102**	c57	c17				

SECTION B. DENIAL AND APPEALS ACTIVITY

Category	Line No.	Weeks of DUA Denied	Appeals Filed		Appeals Disposed		Favor of Appellant	
			State	RA	State	RA	State	RA
		7	8	9	10	11	12	13
Total	**201**	c35	c58	c59	c33	c34	c60	c61
Self-Employed	**202**		c62	c63	c45	c46	c64	c65

SECTION C. OVERPAYMENT ACTIVITY AND ADMINISTRATION

Category	Line No.	Overpayments			Administrative Costs		
		Cases	Weeks	Amount	Personnel	N P S	AS&T
		14	15	16	17	18	19
Total	**301**	c49	c50	c51	c66	c67	c68
Fraud	**301**	c53	c54	c55			

Comments:

TABLE ar9000

ETA 9000 INTERNAL FRAUD ACTIVITIES

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. BENEFIT FUNDS - UI EMPLOYEE

	Line	Number Cases		Dollar Amounts		Number Cases Employee Acted	
		Actual (1)	Estimated (2)	Actual (3)	Estimated (4)	Alone (5)	With Others (6)
Claimed Benefits after Returned to Work	**101**	c1	c2	c3	c4	c5	c6
Diverted Benefits Non-employee Claims	**102**	c7	c8	c9	c10	c11	c12
Established Claims with Bogus Wages	**103**	c13	c14	c15	c16	c17	c18
Authorized Improper Claims for Others	**104**	c19	c20	c21	c22	c23	c24
Appropriated Outgoing/Returned Checks	**105**	c25	c26	c27	c28	c29	c30
Pocketed Repayment by Overpaid Claimants	**106**	c31	c32	c33	c34	c35	c36
Extorted Money from Claimants	**107**	c37	c38	c39	c40	c41	c42
Miscellaneous	**108**	c43	c44	c45	c46	c47	c48
Totals	**109**	c49	c50	c51	c52	c53	c54

SECTION B. CONTRIBUTIONS - UI EMPLOYEE

Misused Confidential Employer Files	**201**	c55	c56	c57	c58	c59	c60
Misappropriated Monies Taxes, Penalty/Interest Employers	**202**	c61	c62	c63	c64	c65	c66
Falsified Employer Records Reducing Tax/Penalty/Interest	**203**	c67	c68	c69	c70	c71	c72
Misappropriated Refunds Due Employer	**204**	c73	c74	c75	c76	c77	c78
Generated False Refund Checks	**205**	c79	c80	c81	c82	c83	c84
Created Fictitious Employer Account	**206**	c85	c86	c87	c88	c89	c90
Extorted Money from Employer	**207**	c91	c92	c93	c94	c95	c96
Miscellaneous	**208**	c97	c98	c99	c100	c101	c102
Totals	**209**	c103	c104	c105	c106	c107	c108

TABLE ar9000 (cont'd)

ETA 9000 INTERNAL FRAUD ACTIVITIES

SECTION C. ADMINISTRATIVE FUNDS - UI EMPLOYEE							
	Line	Number Cases		Dollar Amounts		Number Cases Employee Acted	
		Actual (1)	Estimated (2)	Actual (3)	Estimated (4)	Alone (5)	With Others (6)
Embezzled Administrative Funds	**301**	c109	c110	c111	c112	c113	c114
Misused Equipment or Supplies	**302**	c115	c116	c117	c118	c119	c120
Falsified Time and Attendance Records	**303**	c121	c122	c123	c124	c125	c126
Falsified Travel Voucher	**304**	c127	c128	c129	c130	c131	c132
Made Unauthorized Telephone Calls	**305**	c133	c134	c135	c136	c137	c138
Miscellaneous	**306**	c139	c140	c141	c142	c143	c144
Totals	**307**	c145	c146	c147	c148	c149	c150

SECTION D. DETECTION AND PREVENTION ACTIVITIES					
	Line	Number Cases		Dollar Amounts	
		Actual (7)	Estimated (8)	Actual (9)	Estimated (10)
Audits Conducted	**401**	c151		c152	
Matching Systems	**402**	c153		c154	
Communications	**403**	c155		c156	
Controls Established	**404**		c157		c158
Miscellaneous	**405**	c159	c160	c161	c162
Totals	**406**	c163	c164	c165	c166

SECTION E. ACTION AGAINST EMPLOYEES - NUMBER EMPLOYEES							
	Line	Charged (11)	Arrested (12)	Prosecuted (13)	Convicted (14)	Imprisoned (15)	No Action (16)
Criminal Actions	**501**	c167	c168	c169	c170	c171	c172
		Charged (17)	Arrested (18)	Prosecuted (19)	Convicted (20)	Imprisoned (21)	No Action (22)
OIG Referral	**502**	c179	c180	c181	c182	c183	c184
		Reprimanded (23)	Suspended (24)	Demoted (25)	Discharged (26)	Resigned (27)	No Action (28)
Administrative Actions	**503**	c173	c174	c175	c176	c177	c178

Comments:

TABLE ar9016

ETA 9016 - ALIEN CLAIMS ACTIVITIES

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

1.	**Initial claims where claimant is not a citizen**	c1
2.	**Number of claimants whose alien status was verified through the INS primary system**	c2
3.	**Number of secondary verifications**	c3
4.	**Nonmonetary determinations regarding alien status**	c8
5.	**Denials attributable to alien status**	c9

Comments:

ETA 9047 - REEMPLOYMENT OF UI BENEFIT RECIPIENTS

STATE	REGION	REPORT FOR PERIOD ENDING	
st	g_states.region	rptdate	
Exemption Code	**Number of Claimants Receiving 1st Payment**	**Number of Intrastate Crossmatch Hits: YYYY.Q+1**	**Number of Interstate Crossmatch Hits: YYYY.Q+1**
0 - Not Exempt	c1	c2	c3
1 - Exempt	c4	c5	c6

Comments:

TABLE ar9048

ETA 9048 PROFILING AND REEMPLOYMENT SERVICES

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. PROFILED CLAIMANTS:	
1. Total Profiled	c1
2. Number Put in Selection "Pool/Queue"	c2
3. Number Referred to Services	c3
4. Number Exempted from Mandatory	c4
SECTION B. PROFILED CLAIMANTS REFERRED TO AND REPORTING TO SERVICES:	
1. Number Reported to Services	c5
2. Orientation	c6
3. Assessment	c7
4. Counseling	c8
5. Job Placement Services and Referrals to Employers	c9
6. Job Search Workshops or Job Clubs	c10
7. Referral to Education and Training	c11
8. Number Enrolled in Self-Employment Program	c12
SECTION C. PROFILED CLAIMANTS REFERRED TO AND COMPLETING SERVICES:	
1. Number Completed Services	c13
2. Orientation	c14
3. Assessment	c15
4. Counseling	c16
5. Job Placement Services and Referrals to Employers	c17
6. Job Search Workshops or Job Clubs	c18
7. Completed Education and Training	c19
8. Completed Self-Employment Program	c20

Comments:

TABLE ar9049

ETA 9049 PROFILING AND REEMPLOYMENT SERVICES OUTCOMES

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

SECTION A. CLAIMS EXPERIENCE FOR THOSE PROFILED AND REFERRED CLAIMANTS WHO WERE FIRST REFERRED IN REPORT QUARTER:

1.	**Number Exhausted**	c1
2.	**Average Compensated Duration**	c2
3.	**Average Benefits Paid**	c3
4.	**Base Period Wages**	c4

SECTION B. EMPLOYMENT ACTIVITY FOR THOSE PROFILED CLAIMANTS WHO WERE FISRT REFERRED IN THE REPORT QUARTER:

		Quarter After Referral			
		1st Quarter	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
	Quarter Ending	c5	c6	c7	c8
1.	**Number Employed**	c9	c10	c11	c12
2.	**Base Period Wages**	c13	c14	c15	c16
3.	**Number Employed in Different Industry**	c17	c18	c19	c20
4.	**Wages Earned in Quarter**	c21	c22	c23	c24

Comments:

TABLE ar9050

ETA 9050 - TIME LAPSE OF ALL FIRST PAYMENTS EXCEPT WORKSHARE

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Intra-State				Inter-State			
	Total	UI	UCFE	UCX	Total	UI	UCFE	UCX
Total	c1	c2	c3	c4	c5	c6	c7	c8
<=7	c9	c10	c11	c12	c13	c14	c15	c16
8-14	c17	c18	c19	c20	c21	c22	c23	c24
15-21	c25	c26	c27	c28	c29	c30	c31	c32
22-28	c33	c34	c35	c36	c37	c38	c39	c40
29-35	c41	c42	c43	c44	c45	c46	c47	c48
36-42	c49	c50	c51	c52	c53	c54	c55	c56
43-49	c57	c58	c59	c60	c61	c62	c63	c64
50-56	c65	c66	c67	c68	c69	c70	c71	c72
57-63	c73	c74	c75	c76	c77	c78	c79	c80
64-70	c81	c82	c83	c84	c85	c86	c87	c88
>70	c89	c90	c91	c92	c93	c94	c95	c96

TABLE ar9050p

ETA 9050 - TIME LAPSE OF PARTIAL/PART TOTAL FIRST PAYMENTS

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Intra-State				Inter-State			
	Total	UI	UCFE	UCX	Total	UI	UCFE	UCX
Total	c1	c2	c3	c4	c5	c6	c7	c8
<=7	c9	c10	c11	c12	c13	c14	c15	c16
8-14	c17	c18	c19	c20	c21	c22	c23	c24
15-21	c25	c26	c27	c28	c29	c30	c31	c32
22-28	c33	c34	c35	c36	c37	c38	c39	c40
29-35	c41	c42	c43	c44	c45	c46	c47	c48
36-42	c49	c50	c51	c52	c53	c54	c55	c56
43-49	c57	c58	c59	c60	c61	c62	c63	c64
50-56	c65	c66	c67	c68	c69	c70	c71	c72
57-63	c73	c74	c75	c76	c77	c78	c79	c80
64-70	c81	c82	c83	c84	c85	c86	c87	c88
>70	c89	c90	c91	c92	c93	c94	c95	c96

TABLE aw9050

ETA 9050 - FIRST PAYMENT TIME LAPSE (WORKSHARE)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Workshare Claims
Total	c1
0-7	c2
8-14	c3
15-21	c4
22-28	c5
29-35	c6
36-42	c7
43-49	c8
50-56	c9
57-63	c10
64-70	c11
>70	c12

Comments:

TABLE ar9051

ETA 9051 - TIME LAPSE COUNTS FOR ALL CONTINUED WEEKS COMPENSATED

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Intra-State				Inter-State			
	Total	UI	UCFE	UCX	Total	UI	UCFE	UCX
Total	c1	c2	c3	c4	c5	c6	c7	c8
<=7	c9	c10	c11	c12	c13	c14	c15	c16
8-14	c17	c18	c19	c20	c21	c22	c23	c24
15-21	c25	c26	c27	c28	c29	c30	c31	c32
22-28	c33	c34	c35	c36	c37	c38	c39	c40
29-35	c41	c42	c43	c44	c45	c46	c47	c48
36-42	c49	c50	c51	c52	c53	c54	c55	c56
43-49	c57	c58	c59	c60	c61	c62	c63	c64
50-56	c65	c66	c67	c68	c69	c70	c71	c72
57-63	c73	c74	c75	c76	c77	c78	c79	c80
64-70	c81	c82	c83	c84	c85	c86	c87	c88
>70	c89	c90	c91	c92	c93	c94	c95	c96

TABLE ar9051p

ETA 9051 - TIME LAPSE FOR CONTINUED WEEKS: PARTIAL/PART TOTAL PAYMENTS

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Intra-State				Inter-State			
	Total	UI	UCFE	UCX	Total	UI	UCFE	UCX
Total	c1	c2	c3	c4	c5	c6	c7	c8
<=7	c9	c10	c11	c12	c13	c14	c15	c16
8-14	c17	c18	c19	c20	c21	c22	c23	c24
15-21	c25	c26	c27	c28	c29	c30	c31	c32
22-28	c33	c34	c35	c36	c37	c38	c39	c40
29-35	c41	c42	c43	c44	c45	c46	c47	c48
36-42	c49	c50	c51	c52	c53	c54	c55	c56
43-49	c57	c58	c59	c60	c61	c62	c63	c64
50-56	c65	c66	c67	c68	c69	c70	c71	c72
57-63	c73	c74	c75	c76	c77	c78	c79	c80
64-70	c81	c82	c83	c84	c85	c86	c87	c88
>70	c89	c90	c91	c92	c93	c94	c95	c96

TABLE aw9051

ETA 9051 - CONTINUED CLAIMS TIME LAPSE (WORKSHARE)

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Workshare Claims
Total	c1
0-7	c2
8-14	c3
15-21	c4
22-28	c5
29-35	c6
36-42	c7
43-49	c8
50-56	c9
57-63	c10
64-70	c11
>70	c12

Comments:

TABLE ar9052

ETA 9052 - NONMONETARY DETERMINATION TIME LAPSE DETECTION DATE

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

SECTION A. SEPARATION ISSUES

Time Lapse (Days)	Intra-State				Inter-State			
	Total	UI	UCFE	UCX	Total	UI	UCFE	UCX
Total	c1	c2	c3	c4	c5	c6	c7	c8
<=7	c9	c10	c11	c12	c13	c14	c15	c16
8-14	c17	c18	c19	c20	c21	c22	c23	c24
15-21	c25	c26	c27	c28	c29	c30	c31	c32
22-28	c33	c34	c35	c36	c37	c38	c39	c40
29-35	c41	c42	c43	c44	c45	c46	c47	c48
36-42	c49	c50	c51	c52	c53	c54	c55	c56
43-49	c57	c58	c59	c60	c61	c62	c63	c64
50-56	c65	c66	c67	c68	c69	c70	c71	c72
57-63	c73	c74	c75	c76	c77	c78	c79	c80
64-70	c81	c82	c83	c84	c85	c86	c87	c88
>70	c89	c90	c91	c92	c93	c94	c95	c96

SECTION B. NON-SEPARATION ISSUES

Time Lapse (Days)	Intra-State				Inter-State			
	Total	UI	UCFE	UCX	Total	UI	UCFE	UCX
Total	c97	c98	c99	c100	c101	c102	c103	c104
<=7	c105	c106	c107	c108	c109	c110	c111	c112
8-14	c113	c114	c115	c116	c117	c118	c119	c120
15-21	c121	c122	c123	c124	c125	c126	c127	c128
22-28	c129	c130	c131	c132	c133	c134	c135	c136
29-35	c137	c138	c139	c140	c141	c142	c143	c144

TABLE ar9052 (cont'd)

ETA 9052 - NONMONETARY DETERMINATION TIME LAPSE DETECTION DATE

36-42	c145	c146	c147	c148	c149	c150	c151	c152
43-49	c153	c154	c155	c156	c157	c158	c159	c160
50-56	c161	c162	c163	c164	c165	c166	c167	c168
57-63	c169	c170	c171	c172	c173	c174	c175	c176
64-70	c177	c178	c179	c180	c181	c182	c183	c184
>70	c185	c186	c187	c188	c189	c190	c191	c192

SECTION C. MULTI-CLAIMANT ISSUES

Time Lapse (Days)	Total	Multi-claimant Labor Disputes	Multi-claimant "Other"
Total	c193	c194	c195
<=7	c196	c197	c198
8-14	c199	c200	c201
15-21	c202	c203	c204
22-28	c205	c206	c207
29-35	c208	c209	c210
36-42	c211	c212	c213
43-49	c214	c215	c216
50-56	c217	c218	c219
57-63	c220	c221	c222
64-70	c223	c224	c225
>70	c226	c227	c228

Comments:

TABLE ar9054l

ETA 9054L - LOWER AUTHORITY APPEALS TIME LAPSE

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Total	Intrastate	Interstate
Total	c1	c2	c3
<=30	c4	c5	c6
31-45	c7	c8	c9
45-60	c10	c11	c12
61-75	c13	c14	c15
76-90	c16	c17	c18
91-120	c19	c20	c21
>120	c22	c23	c24

TABLE ar9054h

ETA 9054H - HIGHER AUTHORITY APPEALS TIME LAPSE

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Time Lapse (Days)	Total	Intrastate	Interstate
Total	c1	c2	c3
<=45	c4	c5	c6
46-60	c7	c8	c9
61-75	c10	c11	c12
76-90	c13	c14	c15
91-120	c16	c17	c18
121-150	c19	c20	c21
151-180	c22	c23	c24
181-210	c25	c26	c27
211-240	c28	c29	c30
241-270	c31	c32	c33
271-300	c34	c35	c36
301-330	c37	c38	c39
331-360	c40	c41	c42
>360	c43	c44	c45

Comments:

TABLE ar9055l

ETA 9055L - LOWER AUTHORITY APPEALS, CASE AGING

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate
Time Lapse Days		**Appeals**
Total Pending Cases		c1
<=25		c2
26-40		c3
41-90		c4
91-120		c5
121-180		c6
181-360		c7
>360		c8
		Time Lapse (Days)
Average Age		c9
Median Age		c10

Comments:

TABLE ar9055h

ETA 9055H - HIGHER AUTHORITY APPEALS, CASE AGING

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate
Time Lapse Days		**Appeals**
Total Pending Cases		c1
<=40		c2
41-70		c3
71-120		c4
121-180		c5
181-360		c6
>360		c7
		Time Lapse (Days)
Average Age		c8
Median Age		c9

Comments:

TABLE ar9056

ETA 9056 - NONMONETARY DETERMINATION QUALITY DATA COLLECTION INSTRUMENT

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

1.	IDENTIFICATION #					c1
2.	ISSUE CODE					c2
3.	CASE MATERIAL FOUND?	(Y/N)				c26
4.	DATE ON DETERMINATION:					c24
5.	CORRECT DATE ON DETERMINATION?	(Y/N)				c29
6.	CORRECTED DATE ON DETERMINATION:					c30
7.	CORRECT ISSUE CODE?	(Y/N)				c3
8.	IF ITEM 7 IS N, ENTER THE CORRECT CODE FROM BELOW	If no issue exists, enter '00'; if a nonmonetary redetermination, enter 01')				c4

Separation	Non-Separation		Multi-claimant
10 Quit 20 Discharge (MC)	30 Able/Available 31 Reporting Requirements 40 Work Search 50 Disq/Ded Income 60 Refusal of Work; Failure to Apply/Accept Referral 70 JS Registration 73 Profiling	80 School Employee 81 Alien 82 Athlete 83 Unemployment Status 84 Seasonality 85 Removal of Disq. 86 Fraud Administrative Penalty	90 Labor Dispute 99 Multi-Claimant (Other)

9.	INTRASTATE CLAIM?	(Y/N)				c5
10.	PROGRAM TYPE:	UI	UCFE	UCX		c28
11.	NONMONETARY DETERMINATION OUTCOME:	(A) ALLOWED	(D) DENIED			c6
12.	OUTCOME REPORTED CORRECTLY?	(Y/N)				c7
13.	SWA USE ONLY					c8
14.	W/E DATE OF FIRST WEEK AFFECTED BY DETERMINATION:					c10
15.	CORRECT WEEK ENDING DATE?	(Y/N)				c11
16.	CORRECTED WEEK ENDING DATE: (blank if item 15 is "Y")					c12
17.	ISSUE DETECTION DATE:					c13
18.	CORRECT ISSUE DETECTION DATE:	(Y/N)				c14
19.	CORRECTED ISSUE DETECTION DATE: (blank if item 18 is "Y")					c15
20.	CLAIMANT INFORMATION:	(A) Adequate	(I) Inadequate	(N) Not Obtained		c16
21.	EMPLOYER INFORMATION:	(A) Adequate	(I) Inadequate	(N) Not Obtained	(X) Not Applicable	c17
22.	INFO/FACTS FROM OTHERS:	(A) Adequate	(I) Inadequate	(N) Not Obtained	(X) Not Applicable	c18
23.	LAW/POLICY:	(M) Meets	(Q) Questionable	(W) Does Not Meet		c20
24.	WRITTEN DETERMINATION:	(A) Adequate	(I) Inadequate	(W)Wrong (If "W", then Item 23 cannot be "M")		c21
25.	TOTAL POINTS SCORE:					c27

COMMENTS:

TABLE ar9057

ETA 9057 - LOWER AUTHORITY APPEALS QUALITY REVIEW STATE EVALUATION SCORE SHEET

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

Case Identification Number:						c1
Docket Number:						c39
		Good	**Fair**	**Unsatisfactory**	**Did Not Occur**	**Score**
1.	**Explanation**	**G**	**F**	**U**	**D**	c4
2.	**Opening Statement**	**G**	**F**	**U**		c5
3.	**Exhibits**	**G**	**F**	**U**	**D**	c6
4.	**Witness Order**	**G**	**F**	**U**	**D**	c7
5.	**Order of Witnesses'Testimony**	**G**	**F**	**U**		c8
6.	**Question Own Witness***	**G**	**F**	**U**	**D**	c9
7.	**Clear Language by H.O.**	**G**		**U**		c10
8.	**Compound Questions**	**G**	**F**	**U**		c11
9.	**Clarified Testimony**	**G**	**F**	**U**	**D**	c12
10.	**Confrontation***	**G**	**F**	**U**	**D**	c13
11.	**Cross-Examination***	**G**	**F**	**U**	**D**	c14
12.	**Repetitive Testimony**	**G**	**F**	**U**		c15
13.	**Leading Questions**	**G**	**F**	**U**		c16
14.	**Interruptions**	**G**	**F**	**U**	**D**	c17
15.	**"Off the Record"**	**G**	**F**	**U**	**D**	c18
16.	**Interpreters**	**G**		**U**	**D**	c19
17.	**Continuance**	**G**	**F**	**U**	**D**	c20
18.	**Conclusion of Hearing**	**G**	**F**	**U**		c21
19.	**Within Scope of Notice***	**G**	**F**	**U**		c22
20.	**Gratuitous Comments**	**G**	**F**	**U**		c23
21.	**Attitude**	**G**	**F**	**U**		c24
22.	**Bias and Prejudice***	**G**		**U**		c25
23.	**Obtain Available Evidence***	**G**	**F**	**U**		c26
24.	**Issue Statement**	**G**		**U**		c27
25.	**Findings Supported by Evidence***	**G**		**U**		c28
26.	**Findings of Fact***	**G**	**F**	**U**		c29
27.	**Necessary Conclusions Included**	**G**		**U**		c30
28.	**Logical Reasoning**	**G**	**F**	**U**		c31
29.	**Form and Style**	**G**	**F**	**U**		c32
30.	**Decision States Legal Effect**	**G**	**F**	**U**		c33
31.	**Understandable Decision**	**G**	**F**	**U**		c34
32.	**Percent Score:**					c40
33.	**Intent of Decision**	**A - Allow**	**D - Deny**			c2
34.	**Effect on Appealed Determ.**	**A - Affirm**	**R - Reverse**	**M - Modify**		c3
35.	**Date of Decision**					c35
36.	**Date Implemented:**					c36
37.	**Case Material Status**	**OK - OK** **TI - Tape Inaudible** **TM - Tape Missing**	**DM - Documents Missing** **IM - Tape Inaudible and Documents Missing** **MM - Tape and Documents Missing**			c37
38.	**Time Required for Evaluation of Case in Minutes**					c38

Comments:

TABLE ar9128

ETA 9128 - Reemployment and Eligibility Assessment Workload

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

1.	**Number of Claimants Scheduled for Their First REA**	c1
2.	**Number of All REAs Scheduled**	c2
3.	**Number of REAs Completed**	c3
4.	**Number Reporting to Reemployment Services or Training**	c4
5.	**Number Reporting to Reemployment Services**	c5
6.	**Number Reporting to Training**	c6
7.	**Number of Completed REAs Resulting in a Disqualification or Overpayment**	c7
8.	**Number Disqualified for a Separation Issue**	c8
9.	**Number Disqualified for an Able and Available Issue**	c9
10.	**Number Disqualifying/Deductible Income**	c10
11.	**Number Disqualified for Refusal of Suitable Work Issue**	c11
12.	**Number Disqualified for Issue(s) Other Than # 9 - 12**	c12
13.	**Number Resulting in an Overpayment**	c13
14.	**Dollar Amount of Overpayment Established**	c14
15.	**Number of REAs for Which the Claimant Failed to Appear**	c15
16.	**Number That Were Rescheduled Without Disqualification**	c16
17.	**Number Disqualified for Failure to Report Under Reporting Requirements**	c17
18.	**Number Disqualified for Failure to Report Under Issues Other Than Reporting**	c18
19.	**Number That Resulted in An Overpayment**	c19
20.	**Dollar Amount of Overpayment Established**	c20
21.	**Number of Claimants That Failed to Report with No Disqualifications**	c21
22.	**Number of Claimants That Returned to Work (If Available)**	c22

Comments:

TABLE ar9129

ETA 9129 REEMPLOYMENT AND ELIGIBILITY ASSESSMENT OUTCOMES

STATE:	REGION:	REPORT FOR PERIOD ENDING:
st	g_states.region	rptdate

1. Claimants in the State-Defined Comparison Group		
a.	**Number Who Established a UI Benefit Year in the Report Quarter**	c1
b.	**Total Weeks Compensated**	c2
c.	**Total Benefits Paid**	c3
d.	**Number of Disqualifications**	c4
e.	**Number Exhausting Benefits**	c5
f.	**Number Reemployed**	c6
g.	**Average Weeks to Date of Reemployment**	c7
h.	**Amount of Overpayments Established**	c8
2. Claimants Scheduled for at Least one REA During the Benefit Year		
a.	**Number Who Established a UI Benefit Year in the Report Quarter**	c9
b.	**Total Weeks Compensated**	c10
c.	**Total Benefits Paid**	c11
d.	**Number of Disqualifications**	c12
e.	**Number Exhausting**	c13
f.	**Number Reemployed**	c14
g.	**Average Weeks to Date of Reemployment**	c15
h.	**Amount of Overpayments Established**	c16

Comments:

TABLE arui1

ETA UI1 - UI STAFF HOURS

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate

ANNUAL HOURS PER STAFF YEAR AND QUARTERLY DISTRIBUTION					
Hours Worked	c11	c12	c13	c14	c15
Hours Paid	c16	c17	c18	c19	c20
Comments:					

TABLE arui3

ETA UI3 – REGULAR

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate
VERSION: c19	ALREADY PAID? C20	

SECTION A: UI PROGRAM STAFF-YEAR USAGE

	PROGRAM CATEGORY	QUARTER SYW	QUARTER SYP	YEAR TO DATE SYP
1.	Claims Activities	c1	c2	c3
2.	Employer Activities	c4	c5	c6
3.	Quality Control	c7	c8	c9
4.	Support/AS&T	c10	c11	c12
5.	Trade	c13	c14	c15
6.	Other	c16	c17	c18
7.	Total Staff Years	c46	c47	c48

SECTION B: REGULAR CONTINGENCY ENTITLEMENT CERTIFICATION

Standard Hours: Quarterly c49	Year to Date: c50	Yearly: c51

	CLAIMS ACTIVITY	TOTAL WORKLOAD	MPU	SY WORKED/EARNED
8.	Initial Claims, Reg+EB+STC	c52	c23	c53
9.	Initial Claims, Third Tier	c24		c54
10.	Weeks Claimed, Reg+EB+STC	c55	c25	c56
11.	Weeks Claimed, Third Tier	c26		c57
12.	Nonmon. Dets., Reg+EB+STC	c62	c28	c63
13.	Nonmon. Dets., Third Tier	c29		c64

TABLE arui3 (cont'd)

ETA UI3 – REGULAR

14.	Appeals, Reg+EB+STC	c65	c30	c66
15.	Appeals, Third Tier	c31		c67
16.	Appeals, Inter. Taken	c32	20.0	c68
17.	Interstate Referrals	c82	15.0	c83
18.	Appeals, Multi. Decisions	c35		c36
19.	Monetary Redeterminations	c71	c72	c73
20.	SAVE	c44	c45	c74
21.	Total Staff years Worked/Earned (Lines 1 through 13)			c75
22.	Entitlement SY Worked, (Lines 14 - Base)		c76	c77
23.	Entitlement SY Paid, (Line 15 X Exper. Lv.)		c38	c78
24.	PS/PB $ rate, Line 16 X		c39	c79
25.	Support, Line 17 X		c40	c80
26.	Other $ (Specify)			c41
27.	Total Dollar costs, (Lines 17 + 18 + 19)			c81
28.	Advance			c42
29.	Net Dollar Entitlement (Lines 20 - 21)			c43

Comments:

TABLE abui3

ETA UI3 - ADDITIONAL BENEFITS

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate
VERSION: c10		**ALREADY PAID?** c30

ABOVE BASE CLAIMS WORKLOAD CERTIFICATION fOR ADDITIONAL BENEFITS

	Standard Hours: Quarterly c18	**Year to Date** c19		**Yearly** c20
	CLAIMS ACTIVITY	**TOTAL WORKLOAD**	**MPU**	**SY WORKED/EARNED**
1.	**Initial Claims**	c1	c2	c21
2.	**Weeks Claimed**	c3	c4	c22
3.	**Nonmonetary Determinations**	c5	c6	c23
4.	**Appeals**	c7	c8	c24
5.	**Monetary Redeterminations**	c16	c17	c25
6.	**Other Staff Years (Specify)**			c9
7.	**Total Staff Years Worked = Sum of Lines 1 thru 6**			c26

	COMPUTATION OF NET DOLLAR ENTITLEMENT		**STATE REQUEST**
8.	**Exper. Leave (1.17)X Line 6**	c11	c27
9.	**PS/PB $ rate (16,024) X Line 8**	c12	c28
10.	**Support (19)% X Line 9**	c13	c29
11.	**Other $ (Explain in comments)**		c14
12.	**Total Dollar costs, Lines 9 + 10 + 11**		c15

Comments:

TABLE asui3

ETA UI3 – SAVE

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate
VERSION: c17	**ALREADY PAID?** c18	

ABOVE BASE CLAIMS WORKLOAD CERTIFICATION FOR SAVE				
	Standard Hours: Quarterly c9	**Year to Date** c10		**Yearly** c11
	CLAIMS ACTIVITY	**TOTAL WORKLOAD**	**MPU**	**SY WORKED/EARNED**
1.	**Initial Claims**	c1	c2	12
2.	**Other Staff Years (Specify)**			c3
3.	**Total Staff Years Worked = Line 1 + Line 2**			c13

	COMPUTATION OF NET DOLLAR ENTITLEMENT	STATE REQUEST
4.	**Exper. Leave (1.259) X Line 3**	c14
5.	**PS/PB $ rate (14,844) X Line 4**	c15
6.	**Support (19)% X Line 5**	c16
7.	**Other $ (Explain in comments)**	c7
8.	**Total Dollar costs, Lines 5 + 6 + 7**	c8

Comments:

TABLE atui3

ETA UI3 - TRADE

STATE	REGION	REPORT FOR PERIOD ENDING
st	g_states.region	rptdate
VERSION: c10		**ALREADY PAID?** c30

ABOVE BASE CLAIMS WORKLOAD CERTIFICATION FOR TRADE

	Standard Hours: Quarterly c18	**Year to Date** c19		**Yearly** c20
	CLAIMS ACTIVITY	**TOTAL WORKLOAD**	**MPU**	**SY WORKED/EARNED**
1.	**Initial Claims**	c1	c2	c21
2.	**Weeks Claimed**	c3	c4	c22
3.	**Nonmonetary Determinations**	c5	c6	c23
4.	**Appeals**	c7	c8	c24
5.	**Trade Redeterminations**	c16	c17	c25
6.	**Other Staff Years (Specify)**			c9
7.	**Total Staff Years Worked = Sum of Lines 1 thru 6**			c26

	COMPUTATION OF NET DOLLAR ENTITLEMENT	**STATE REQUEST**
8.	**Exper. Leave (**c11**) X Line 6**	c27
9.	**PS/PB $ rate (**c12**) X Line 8**	c28
10.	**Support (**c13**)% X Line 9**	c29
11.	**Other $ (Explain in comments)**	c14
12.	**Total Dollar costs, Lines 9 + 10 + 11**	c15

Comments:

TABLE arquick

Quick Response Report

STATE	REPORT DATE
st	rptdate
Item 1:	c1
Item 2:	c2
Item 3:	c3
Item 4:	c4
Item 5:	c5
Item 6:	c6
Item 7:	c7
Item 8:	c8
Item 9:	c9
Item 10:	c10
Item 11:	c11
Item 12:	c12

TABLE g_agency

FEDERAL AGENCIES USED WITH THE ETA REPORTS

Agency Code	code
Agency Type (UCFE/UCX)	agency_type
Name Of Agency	title
Active Agency	flag

(flag - 0 for active, 1 for abolished at least three years ago so activity is questionable)

TABLE All Comments Table

Report Date	rptdate
State	st
First line of Comments	cmline1
Second line of Comments	cmline2
Third line of Comments	cmline3
Fourth line of Comments	cmline4

Most data tables have associated comment tables. The names of the tables use the same designation as the data table but with a "cm" suffix

This page is intentionally left blank