

Attachment II

(State)
EMPLOYMENT SECURITY AGENCY

(transmittal date)

TO: Louisiana UCX/UCFE Claims Control Center
1001 North 23rd Street
P.O. Box 94246, Capitol Station
Baton Rouge, Louisiana 70804-9246

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(transmittal No.)

FROM: Mr./Mrs./Ms. _____
(sender's name) (phone #)

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(State code)

SUBJECT: TRANSMITTAL OF UCX-DD 214/UCFE CLAIMS CONTROL INQUIRIES

Enclosed are UCX/UCFE claims control inquiries for _____
(State name)

Specifications:

Each record is 80 bytes.

Number of UCX inquiry records: _____

Number of UCX Cancel Requests: _____

Number of UCFE inquiry records: _____

Number of UCFE Cancel Requests: _____

(TOTAL RECS)

All tapes must have external labels.

Record length (LRECL) is 80 characters.

Block size (BLKSIZE) is 200 records.

Record format (RECFM) is fixed blocked (FB).

Tape label is (check one): OS/Standard () or None ().

Tape Density is (check one): 1600 8PI () or 6250 BPI ().

Data Set Name (DSN) is: _____

Tape Number (VOL=SER=) is: _____

Machine type is check one: IBM/compatible (), UNISYS (),
Other () specify: _____

Attached are copies of both the external and tape label.