

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 | |
| SECTION D. WORKSHARE COVERAGE | | | |
| | Number of Participating Employers | | |
| Number | C10 | | |

Comments:

OMB No.: 1205-0010

OMB Expiration Date: 10/31/2015

Estimated Average Response Time: 2 hours

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 required to retain or obtain benefits under 42 USC 503(a)(6) and PL 112-96 sec 2165(a)(3). Respondents have no expectation of confidentiality. 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. 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:
- 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 accumulated number. If these figures are reported on a paper form, they should be entered in the comments section.

- 9) Number of Participating Employers. Enter the total number of employers who have entered into agreements with the state that would provide for potential STC benefit payments to claimants. If a single employer has multiple agreements with the state, or multiple agreements within an establishment, count that employer only once.