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

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# Facsimile of Form

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

|  |  |  |
| --- | --- | --- |
| **STATE** | **REGION** | **REPORT FOR PERIOD ENDING** |
|  |  |  |

|  |  |
| --- | --- |
| **Case Identification Number:** |  |
| **Docket Number:** |  |
|   |   | **Good** | **Fair** | **Unsatisfactory** | **Did Not Occur** | **Score** |
| **1.** | **Explanation** | **G** | **F** | **U** | **D** |  |
| **2.** | **Opening Statement** | **G** | **F** | **U** |  |  |
| **3.** | **Exhibits** | **G** | **F** | **U** | **D** |  |
| **4.** | **Witness Order** | **G** | **F** | **U** | **D** |  |
| **5.** | **Order of Witnesses' Testimony** | **G** | **F** | **U** |  |  |
| **6.** | **Question Own Witness\*** | **G** | **F** | **U** | **D** |  |
| **7.** | **Clear Language by H.O.** | **G** |  | **U** |  |  |
| **8.** | **Compound Questions** | **G** | **F** | **U** |  |  |
| **9.** | **Clarified Testimony** | **G** | **F** | **U** | **D** |  |
| **10.** | **Confrontation\*** | **G** | **F** | **U** | **D** |  |
| **11.** | **Cross-Examination\*** | **G** | **F** | **U** | **D** |  |
| **12.** | **Repetitive Testimony** | **G** | **F** | **U** |  |  |
| **13.** | **Leading Questions** | **G** | **F** | **U** |  |  |
| **14.** | **Interruptions** | **G** | **F** | **U** | **D** |  |
| **15.** | **"Off the Record"** | **G** | **F** | **U** | **D** |  |
| **16.** | **Interpreters** | **G** |  | **U** | **D** |  |
| **17.** | **Continuance** | **G** | **F** | **U** | **D** |  |
| **18.** | **Conclusion of Hearing** | **G** | **F** | **U** |  |  |
| **19.** | **Within Scope of Notice\*** | **G** | **F** | **U** |  |  |
| **20.** | **Gratuitous Comments** | **G** | **F** | **U** |  |  |
| **21.** | **Attitude** | **G** | **F** | **U** |  |  |
| **22.** | **Bias and Prejudice\*** | **G** |  | **U** |  |  |
| **23.** | **Obtain Available Evidence\*** | **G** | **F** | **U** |  |  |
| **24.** | **Issue Statement** | **G** |  | **U** |  |  |
| **25.** | **Findings Supported by Evidence\*** | **G** |  | **U** |  |  |
| **26.** | **Findings of Fact\*** | **G** | **F** | **U** |  |  |
| **27.** | **Necessary Conclusions Included** | **G** |  | **U** |  |  |
| **28.** | **Logical Reasoning** | **G** | **F** | **U** |  |  |
| **29.** | **Form and Style** | **G** | **F** | **U** |  |  |
| **30.** | **Decision States Legal Effect** | **G** | **F** | **U** |  |  |
| **31.** | **Understandable Decision** | **G** | **F** | **U** |  |  |
| **32.** | **Percent Score:** |  |
| **33.** | **Intent of Decision** | **A - Allow** | **D - Deny** |  |  |  |
| **34.** | **Effect on Appealed Determ.** | **A - Affirm** | **R - Reverse** | **M - Modify** |  |  |
| **35.** | **Date of Decision** |  |
| **36.** | **Date Implemented:** |  |
| **37.** | **Case Material Status** | **OK - OKTI - Tape InaudibleTM - Tape Missing** | **DM - Documents MissingIM - Tape Inaudible and Documents MissingMM - Tape and Documents Missing** |  |
| **38.** | **Time Required for Evaluation of Case in Minutes** |  |

Comments:

 **OMB No.:** 1205-0359 **OMB Expiration Date:**  xx/xx/xxxx **OMB Burden Hours:** 3.5 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 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 Unemployment Insurance, Room S-4524, 200 Constitution Ave., NW, Washington, DC, 20210.

# Purpose

The ETA 9057 report provides quarterly information on the quality of state agencies' single and two party lower authority appeals hearings and decisions in the report period.

# Due Date and Transmittal

The report is due in the ETA National Office on the 20th of the second month following the quarter to which the data relates. This report will be transmitted electronically.

# General Reporting Instructions

Each State will select a sample of lower authority appeals hearings for a quarter. (See Appendix A.) Basic, or skeleton, information about each hearing will be entered into the system. Each one of these hearings will then be evaluated according to instructions provided in ETA Handbook 382, 2nd Edition. The results of the evaluation will be entered into the system along with the skeleton data. The system will compute scores when all cases are completed.

* Includes single and two party appeal hearings.

Excludes withdrawals, dismissals, and episodic claims programs such as Extended Benefits, Disaster Unemployment Assistance, and Trade Readjustment Allowances.

# Definitions

Definitions, unless otherwise specified in these instructions, will follow the definitions for the ETA 5130 report found elsewhere in this handbook and in ETA Handbook 382, 2nd Edition.

# Item by Item Instructions

Instructions below are specific to the form. Specific instructions on the case evaluation criteria are in Handbook 382, Second Edition. For items 1 through 31 on the state Evaluation Score Sheet, enter the appropriate score marked by the evaluator.

* 1. Case ID Number. This is a unique 5 digit number, beginning with 00001, assigned by the state to identify the appeals hearing selected for review by state random selection software. This is a skeleton data item.
	2. Docket Number. Enter the state designation for a case. Twelve characters are provided. If state designations are larger than this, then some truncation, abbreviation or other alteration must be made, as long as the designation is unique. This is a skeleton data item.
	3. Hearing Officer. Enter an ID number or other designation for the hearing officer.
	4. Evaluator. Enter an ID number or other designation for the individual who did the evaluation.
	5. Item 32, Total Points Scored (Optional). If desired, enter the sum of the points scored in the column. This can then be compared to the scores calculated by the computer to assure proper data entry.
	6. Item 33, Intent of Decision. From the evaluation sheet, enter the appropriate code to indicate the intent of the decision to allow or deny benefits.
	7. Item 34, Effect on Appealed Determination. From the evaluation sheet, enter the appropriate code indicating the effect the decision had on the prior status of the nonmonetary determination that was appealed.
	8. Item 35, Date Decision Issued. From the evaluation sheet, enter the date the decision was mailed using an mm/dd/yyyy format. This is a skeleton data item.
	9. Item 36, Date Decision Implemented. Enter the date the decision was implemented using an mm/dd/yyyy format.
	10. Item 37, Case Material Status. Enter the status of case materials as indicated on the State Evaluation Score Sheet.
	11. Item 38, Time Required for Evaluation. Enter the time required to evaluate the case in minutes format.

# Checking the Report

The electronic reporting system will edit the data at three different stages. First, if possible, each element or field in the report is validated before data entry can proceed to the next. Second, saving the report for each sampled case invokes the system's Review-Edit program which compares each element against any conditions it is required to meet including any arithmetic operations. The program will list any errors or warnings generated. The user is advised to resolve "Errors" before saving the data. Thirdly, prior to transmitting the data, the system will run the same Review-Edit program. If the “Errors” are not resolved, the errors can be saved but not transmitted to the National Office.

The transmission function will generate an exception report identifying the case and the items that failed the edit(s). All cases failing the review edit must be corrected by the report date to allow their transmission to the National Office. All cases must pass the review edit before transmission. If these steps are not followed, case transmission will not occur.

Edit checks can be found in HB 402, Unemployment Insurance Required Reports User’ Manual, Appendix C.