ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

### Section I-6

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# Facsimile of Form

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

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

**SECTION A. CLAIMS ACTIVITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **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** |
| **Program** | **Line No.** | **(1)** | **(2)** | | | **(3)** | | **(4)** | | **(5)** | | **(6)** | **(7)** |
| **State UI** | **101** |  |  | | |  | |  | |  | |  |  |
| **UCFE No UI** | **102** |  |  | | |  | |  | |  | |  |  |
| **UCX Only** | **103** |  |  | | |  | |  | |  | |  |  |
|  |  | **Eligibility Reviews** | | |  |  | **Continued Weeks Claimed** | | | |  |  |  |
|  |  | **Intrastate** | **Interstate Liable** | | | **Intrastate** | | **Interstate Filed From Agent State** | | **Interstate Received as Liable State** | | **Entering Self Employment, All Programs** |  |
| **Program** | **Line No.** | **(8)** | **(9)** | | | **(10)** | | **(11)** | | **(12)** | | **(13)** |  |
| **State UI** | 201 |  |  | | |  | |  | |  | |  |  |
| **UCFE No UI** | 202 |  |  | | |  | |  | |  | |  |  |
| **UCX Only** | 203 |  |  | | |  | |  | |  | |  |  |

**SECTION B. PAYMENT ACTIVITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Weeks and Amounts Compensated** | | | | | | | | | |  |  |  |  |
|  |  |  | **State UI Program** | | | | | |  |  |  | **UCFE and UCX Programs** | |  | | | |  |
|  |  | **All Weeks Compensated** | | | | **Total Unemployment** | **Interstate** | **Total** | | | **UCFE No UI** | | **UCX Only** | **Self-Employment, All Programs** | | | |  |
| **Item** | **Line No.** | **(14)** | | | | **(15)** | **(16)** | **(17)** | | | **(18)** | | **(19)** | **(20)** | | | |  |
| **Number** | **301** |  | | | |  |  |  | | |  | |  |  | | | |  |
| **Amount** | **302** |  | | | |  |  |  | | |  | |  |  | | | |  |
|  |  | **Total** | | | | **Intrastate** | **Interstate** | **UCFE No UI** | | | **UCX Only** | | **Total** | **UCFE No UI** | | | | **UCX Only** |
| **Item** | **Line No.** | **(21)** | | | | **(22)** | **(23)** | **(24)** | | | **(25)** | | **(26)** | **(27)** | | | | **(28)** |
| **Number** | **303** |  | | | |  |  |  | | |  | |  |  | | | |  |

**Comments:**

**OMB No.:** 1205-0010 [**Expiration Table**](https://oui.doleta.gov/unemploy/docs/UI_Required_Reports-Expiration_Table.html) **Estimated Average Response Time:** 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 required to obtain or retain benefits 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 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-Servicemembers (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, which 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.

# 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.

# 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 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;
* 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.
  1. 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 cannot 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.
  2. 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.

# 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 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.

* 1. 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.
  2. 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 cannot draw the full amount of state UI, UCFE, or UCX benefit entitlement.
  3. 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.

# Item by Item Instructions

* 1. Section A. Claims Activities.
     1. 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 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.
     2. Eligibility Reviews (ERP). Eligibility reviews represent the number of eligibility review interviews conducted during the month.
        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.
     3. 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.

* + - 1. 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.
      2. 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.
    1. 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.
  1. Section B. Payment Activities.
     1. 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.

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

* + - 1. 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.

* + - 1. 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.

* + 1. 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 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.

* + - 1. 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 and/or underpayments where weeks involved were previously reported.

* + - 1. 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 reported previously. Include adjustments made for overpayments or underpayments where weeks involved were previously reported.

* + 1. 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.

* + 1. 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.
    2. 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 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.
  1. 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.
     1. 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.
     2. 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.
     3. 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.

# Special Program Reporting

* 1. Reporting Activities Under the EB Provisions.
     1. 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 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.
     2. 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.
        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.

* + - 1. 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.
      2. 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.

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES (WORKSHARE)

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

**SECTION C. FULL TIME EQUIVALENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION A. CLAIMS ACTIVITIES** | | |  |  |
|  | **Initial Claims** | | |  |
| **Program** | **New Intrastate Excluding Transitional (2)** | **Additional Intrastate (3)** | | |
| **101 | State UI** |  |  | | |
|  | **Continued Weeks Claimed** | | |  |
| **Items** | **Intrastate (9)** |  | | |
| **201 | State UI** |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION B. PAYMENT ACTIVITIES** | | |  |  |
|  | **Weeks Compensated** | | |  |
| **Items** | **State UI Program All Weeks Compensated (14)** |  | | |
| **301 | Number** |  |  | | |
| **302 | Amount** |  |  | | |
|  | **First Payments for All Unemployment State UI Program Intrastate (21)** | **Final Payment for All Unemployment State UI Total (25)** | | |
| **303 | Number** |  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION C. FULL TIME EQUIVALENTS** | | |  |  | |
|  | **Equivalent Initials** | **Equivalent Weeks Claimed** | | |
| **Number** |  |  | | |

**Comments:**

**OMB No.:** 1205-0010 [**Expiration Table**](https://oui.doleta.gov/unemploy/docs/UI_Required_Reports-Expiration_Table.html)  **OMB Burden Minutes:** 105

**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 Unemployment Insurance, Room S-4524, 200 Constitution Ave., NW, Washington, DC, 20210.

* 1. Reporting Activities Under Short-Time Compensation (STC).
     1. Special Reporting Requirements. When there is a Short-Time Compensation program, also known as workshare (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.
     2. Items to be Reported. Include in each STC report the following items:
        1. Line 101, item 2. Enter STC state UI new intrastate initial claims excluding transitional claims. Each new intrastate initial claim by an STC claimant is counted.
        2. Line 101, item 3. Enter STC state UI additional intrastate initial claims. Each additional claim by an STC claimant is counted.
        3. Line 201, item 9. 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 25. Enter the number of STC state UI final payments.
        8. Full-Time Equivalents. Enter the number of equivalent full time initial claims and weeks claimed in the appropriate cell.

The Equivalent Initial Claims is the equivalent of the full time layoff initial claims that would have taken place if not for the STC program. 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.

Compute the equivalent weeks claimed 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 0.8 weeks. Round the final accumulated number to whole weeks.

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, include those employers who have STC agreements in place for which STC activity could occur, even if the employer did not actively participate in the STC program during the month being reported. If a single employer has multiple agreements with the state, or multiple agreements within an establishment, count that employer only once.