

(State Agency) Request for Military Document/Information For Unemployment Compensation Purposes—UCX	For Federal Agency Use Only	
	File Reference No.	
	Local Office	
	Date of Request	

To:	☐	☐
	☐	☐

Section I. Identification Data

1. Name (Last, First, Middle)		2. Social Security Number		3. Date of Birth	
4. Service Branch		5. Entry Date		6. Separation Date	
7. Place Separated			8. Ex-Servicperson's Last Pay Grade		
9. Last Duty Assignment/Command			10. Indicate if Ex-Servicperson Was in— <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard		
11. If 10 is marked, complete a through c.					
a. Reserve Branch		b. Beginning Date		c. Ending Date	
12. Other Data (Identify)			13. Present Address		

Section II. Document/Information Requested

MILITARY SERVICE OR RECORDS CENTER: Either DD For 214 or military information, as indicated below, is necessary to determine Federal military service in connection with a claim for unemployment compensation for ex-servicpersonnel (5 U.S.C. 8521 et seq). Complete Section III of this form.

("X" appropriate box(es)) <input type="checkbox"/> 14. DD Form 214 is needed because: <input type="checkbox"/> a. Form was not issued at time of separation; or <input type="checkbox"/> b. Form was lost since issued. Forward DD Form 214 to the address of the State employment security agency shown on the reverse. <input type="checkbox"/> 15. Accrued days paid (number)		<input type="checkbox"/> 16. Other (Identify; attach copy of DD Form 214)	
Release Authorization: Please furnish the indicated document/information to the State agency shown on the reverse of this form.		Ex-Servicperson's Signature	
		Date	

Section III. Federal Agency Reply

17. (See item 14 above) "X" one only.		a. <input type="checkbox"/> Copy of DD Form is attached		b. <input type="checkbox"/> Other (Explain)	
18. (See item 15 above) Accrued Leave Days Paid (Number)			19. Other Data (as identified in item 16 above.		
20. Signature of Authentication Official and Title			21. Date (Month, Day, Year)		

OMB No.: 1205-0176

OMB Expiration Date: 09/30/2022

Average Estimated Response Time: 1 Minute

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 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 Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.