

| (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 | |
| | | | |
| 4. Service Branch | | 5. Entry Date | 6. Separation Date |
| 7. Place Separated | | 8. Ex-Servicemember's Last Pay Grade | |
| 9. Last Duty Assignment/Command | | 10. Indicate if Ex-Servicemember 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 Form 214 or military information, as indicated below, is necessary to determine Federal military service in connection with a claim for unemployment compensation for ex-servicemembers (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-Servicemember'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.