
APPENDIX A

Benefits

SUBPOPULATION SPECIFICATIONS

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A. Purpose

This appendix includes specifications for each subpopulation by population. The software uses these specifications to parse records in the extract files into subpopulations that are then used to reconstruct counts for specific report cells. This appendix also maps each subpopulation to the corresponding Federal report line item(s) and vice versa.

The specifications in this appendix should be used in conjunction with the record layouts (in ETA Operations Guide 411) and the state's Module 3 when constructing the DV extract files. They indicate the data values that are valid for each type of transaction or subpopulation. Any transaction included in a population extract file must fit the description of one subpopulation in the population; otherwise, it will be rejected by the software as an invalid transaction.

B. Subpopulation Specifications by Population

The following pages contain the subpopulation specifications tables, mapping tables of report cells to subpopulations, and notes for each of the 16 benefits populations. In the specification tables, for each subpopulation, the corresponding report cells are indicated, and the possible values for all fields in a transaction. The fields can have a specific text value or a format requirement. The following describes the different kinds of field formats.

1. **Text.** These fields must contain text values, such as “UI”, “Intrastate”, “VL”, etc. The allowable text values for each field are listed in the record layout. The text values must be followed by a dash and the corresponding state-specific value, for example, “UI-503”, where 503 is a state code used for UI claims.
2. **Required.** These fields cannot be blank. For example, they may be mandatory dates or dollar values.
3. **Optional** (these fields are shaded in gray). The software does not check these fields. Any values can be entered in these fields or they can be left blank.
4. **Must be blank.** These are text or date fields that must be left blank. The software will reject any records with values in any field that must be left blank (such as monetary date for a claim with no monetary determination or a UCFE amount for a UI only payment).
5. **Must be blank or 0.** These are numeric fields that should have the value “0” or be left blank. The software will reject any records where these fields have a value other than “0” or blank.

The column headers on the specifications tables, indicate the field and the related step and rule in Module 3. When constructing the extract file, Federal definitions for some fields can be found in Module 3 using these references, as well as valid state codes. For most steps, Rule 1 asks the state extract file programmer to build this element by accessing an indicator in the

state system, and instructs the validator to check for this indicator during data element validation. However, if a state does not maintain the indicator specified in Rule 1, then the programmer must review the other rules in that step in order to develop the required validation logic to build the element.

For each map of report cells to subpopulations, the subpopulations are referred only by the number and not the population to be concise. For example, subpopulation 5.12 is referred to only as 12 in the Population 5 map table.

Notes for each population contain relevant information that states should be referred to when constructing their extract files.

Table A.1.1**Population 1 Subpopulations**

Weeks Claimed - Week was claimed during reporting/validation period

Sub pop #	Report, Line, and Column	2 (Step 1A) (Rule 2) Claim Week-Ending Date	3 (Step 1A) (Rule 1) SSN	4 (Step 2A) (Rule 1) Type of UI Program	5 (Step 4) Program Type	6 (Step 5) Intrastate/ Interstate	7 (Step 11) (Rule 1) Date Week Claimed	8 (Step 11) (Rule 2) Monetarily Eligible or Pending	9 (Step 11) (Rule 3) Earnings	10 (Step 11) (Rule 3) WBA
INTRASTATE WEEKS CLAIMED (1.1 through 1.3)										
1) Random sample: 60 or 200										
1.1	5159A-201-10	Required	Required	Regular UI	UI	Intrastate	Required		Required	Required
1.2	5159A-202-10	Required	Required	Regular UI	UCFE	Intrastate	Required		Required	Required
1.3	5159A-203-10	Required	Required	Regular UI	UCX	Intrastate	Required		Required	Required
INTERSTATE WEEKS CLAIMED RECEIVED AS LIABLE STATE (1.4 through 1.6)										
1) Random sample: 30 or 100										
1.4	5159A-201-12	Required	Required	Regular UI	UI	Interstate Received as Liable State*	Required		Required	Required
1.5	5159A-202-12	Required	Required	Regular UI	UCFE	Interstate Received as Liable State*	Required		Required	Required
1.6	5159A-203-12	Required	Required	Regular UI	UCX	Interstate Received as Liable State*	Required		Required	Required
INTERSTATE WEEKS CLAIMED FILED FROM AGENT STATE (1.7 through 1.9)										
1) Minimum Sample: First two cases										
1.7	5159A-201-11	Required	Required	Regular UI	UI	Interstate Filed from Agent State*	Required			Optional
1.8	5159A-202-11	Required	Required	Regular UI	UCFE	Interstate Filed from Agent State*	Required			Optional
1.9	5159A-203-11	Required	Required	Regular UI	UCX	Interstate Filed from Agent State*	Required			Optional

*These values are abbreviated in the record layout data format specifications (see Appendix A of ETA Operations Guide 411) but are shown here in their entirety for informational purposes.

Table A.1.2
Relationship between ETA 5159A Report Cells and Weeks Claimed Subpopulations in
Population 1

		Continued Weeks Claimed		
		Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liable State (12)
State UI	201	1	7	4
UCFE, No UI	202	2	8	5
UCX Only	203	3	9	6

Population 1 Notes

1. Population 1 includes the date of the week being claimed and the date the week was claimed:
 - A) Column 2(Step 1A), Week Claimed, is the benefit week ending (BWE) date of the week being claimed.
 - B) Column 7 (Step 11), Date Week Claimed, is the date that the state processes the weekly certification.
2. Column 8 (Step 11, Rule 2) is an optional field for the extract file. It is included to ensure that the week claimed was valid based on monetary entitlement. Programmers may be able to populate this field with data to show that the week was countable by including data that shows that the claim was eligible (or pending), that an appeal of an ineligible monetary had been filed and not decided or that the appeal period for an ineligible monetary determination had not expired.
Regardless of whether programmers provide data in Column 8, validators will check this information for sampled cases as part of the data element validation process.
3. Subpopulations 1.7 – 1.9: This information comes from the LADT claimant records. Instructions for including data from these records for populations 1 and 3 can be found in the LADT Information section of Appendix B, Technical Guidance.
4. Column 10 (Step 11, Rule 3), WBA: Use the Weekly Benefits Allowance (WBA) that is in effect during the week claimed for this population.

Table A.2.1
Population 2 Subpopulations
Final Payments

Subpop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 9A) (Step 9B) (Rule 1)	7 (Step 7) (Rules 1 & 2)	8 (Step 9A) Actual Weeks of Duration	9 (Step 9B) (Step 9C) Maximum Weeks of Duration	10 (Step 10C) (Rule 3) Mail Date of Final Payment	11 (Step 10C) (Rule 2) Balance
FINAL PAYMENTS (2.1 through 2.4) 1) Random sample: 30 or 100											
2.1	5159B-303-26 218B-104 (14, 19)	Required	Required	Regular UI	UI	> 0	> 0	> 25	Y	Required	Must be 0
2.2	5159B-303-26 218B-102 (8-13)	Required	Required	Regular UI	UI	> 0	> 0	Required ^a	N	Required	Must be 0
2.3	5159B-303-27	Required	Required	Regular UI	UCFE	> 0	> 0			Required	Must be 0
2.4	5159B-303-28	Required	Required	Regular UI	UCX	> 0	> 0			Required	Must be 0

^aThere are states where the actual weeks of duration may be more than 25 weeks and less than the state's maximum weeks of duration due to state unemployment regulations.

Table A.2.2

Relationship between ETA 218B Report and Final Payments Subpopulations in Population 2

SECTION B. ACTUAL DURATION FOR CLAIMANTS WHO RECEIVED FINAL PAYMENTS				
LINE NO.	ITEM	LESS THAN MAXIMUM WEEKS OF DURATION		
		Less than 26 Weeks (8-13)		
102	Actual	2		
		MAXIMUM WEEKS OF DURATION	Number at Maximum Duration (19)	Average Weeks Duration (20)
		26-27 Weeks (14)		
104	Actual	1	1	Average Calculation from Total Column for Subpopulations 1 and 2

Table A.2.3

Relationship between ETA 5159B Report and Final Payments Subpopulations in Population 2

Final Payments for All Unemployment				
		State UI Program	UCFE & UCX Programs	
		Total (26)	UCFE, No UI (27)	UCX Only (28)
Number	303	1 and 2	3	4

Population 2 Notes

1. This population validates two reports for different time periods:

- A) The 5159 which is a monthly report, and
- B) The 218 which is a quarterly report

Validate a quarter by taking all records that should have been reported in ETA 218 for a given quarter and the corresponding records of three 5159 monthly reports for that same reporting period. There may be some dynamic data (values that change during the time period). Therefore, the reported counts and validation counts may not match exactly.

2. Columns 6 and 7 (Step 7), WBA and MBA: Use the final MBA and WBA on the claim for this population.
3. Column 8 (Step 9A), Actual Weeks of Duration: Divide the final MBA by the final WBA and round to the next highest whole number. The number of actual weeks of duration is unrelated to the number of weeks compensated. If the claim included partial payments, there will be more weeks compensated than actual weeks of duration. For example, if the final MBA is \$5,200.00 and the final WBA is \$200.00, the actual weeks of duration are 26. This claimant, however, may have been compensated for 30 weeks if partial payments were made on the claim.
4. The balance on the claim may not be zero if the state retains the balance for disqualified weeks on its database. For example, the final MBA is \$5,200.00; the final WBA is \$200.00; but 13 weeks were disqualified. The disqualified portion of \$2,600.00 should be removed from the final MBA before loading the file into the software. Therefore, the final MBA will be \$2,600.00, and the actual weeks of duration will be 13.
5. The range of duration breakouts is not validated. Only the totals are validated.

Table A.3.1
Population 3 Subpopulations
Claims – Claimant Eligibility
Claim Filed Date or Original Monetary Determination Date
For Claim Falls within Reporting/Validation Period

Sub pop #	Report, Line, and Column	2 (Step 1B) SSN	3 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1) Date Claim Filed/IB-4 Sent	4 (Step 2A (Rule 1)) Type of UI Program	5 (Step 3) Type of Claim	6 (Step 4) Program Type	7 (Step 5) Intrastate/ Interstate	8 (Step 6A) (Step 6B) Date of Original Monetary ^a	9 (Step 6C) (Step 6D) Sufficient/ Insufficient/ Combined Wages	10 (Step 7) WBA	11 (Step 8A) (Step 8B) MBA	12 (Step 8A) Potential Weeks of Duration ^b	13 (Step 8B) Potential Weeks Maximum Duration
NEW UI CLAIMS (3.1 through 3.14)													
1) Random sample: 60 or 200; 2) Supplemental sample--missing strata													
3.1	5159A-101-2 218A-100-2	Required	Within Quarter	Regular UI	New	UI	Intrastate	Within Quarter	Insufficient	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.2	5159A-101-2 218A-100 (3-6) 218B-103 (14, 19)	Required	Within Quarter	Regular UI	New	UI	Intrastate	Within Quarter	Sufficient New BY	Maximum	> 0	> 0	Y
3.3	5159A-101-2 218A-100 (3-5) 218B-101 (8-13)	Required	Within Quarter	Regular UI	New	UI	Intrastate	Within Quarter	Sufficient New BY	Maximum	> 0	> 0	N
3.4	5159A-101-2 218A-100 (3-4) 218B-103 (14, 19)	Required	Within Quarter	Regular UI	New	UI	Intrastate	Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	Y
3.5	5159A-101-2 218A-100 (3-4) 218B-101 (8-13)	Required	Within Quarter	Regular UI	New	UI	Intrastate	Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	N
3.6	5159A-101-2 218A-100-3	Required	Within Quarter	Regular UI	New	UI	Intrastate	Within Quarter	Sufficient No BY ^c	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.7	5159A-101-2	Required	Within Quarter	Regular UI	New	UI	Intrastate	Must be blank	Must be blank	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.8	5159A-101-7 218A-100-2	Required	Within Quarter	Regular UI	New	UI	Interstate Received as Liable State*	Within Quarter	Insufficient	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank

Sub pop #	Report, Line, and Column	2 (Step 1B) SSN	3 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1) Date Claim Filed/IB-4 Sent	4 (Step 2A (Rule 1)) Type of UI Program	5 (Step 3) Type of Claim	6 (Step 4) Program Type	7 (Step 5) Intrastate/ Interstate	8 (Step 6A) (Step 6B) Date of Original Monetary ^a	9 (Step 6C) (Step 6D) Sufficient/ Insufficient/ Combined Wages	10 (Step 7) WBA	11 (Step 8A) (Step 8B) MBA	12 (Step 8A) Potential Weeks of Duration ^b	13 (Step 8B) Potential Weeks Maximum Duration
3.9	5159A-101-7 218A-100 (3-6) 218B-103 (14, 19)	Required	Within Quarter	Regular UI	New	UI	Interstate Received as Liable State*	Within Quarter	Sufficient New BY	Maximum	> 0	> 0	Y
3.10	5159A-101-7 218A-100 (3-5) 218B-101 (8-13)	Required	Within Quarter	Regular UI	New	UI	Interstate Received as Liable State*	Within Quarter	Sufficient New BY	Maximum	> 0	> 0	N
3.11	5159A-101-7 218A-100 (3-4) 218B-103 (14, 19)	Required	Within Quarter	Regular UI	New	UI	Interstate Received as Liable State*	Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	Y
3.12	5159A-101-7 218A-100 (3-4) 218B-101 (8-13)	Required	Within Quarter	Regular UI	New	UI	Interstate Received as Liable State*	Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	N
3.13	5159A-101-7 218A-100-3	Required	Within Quarter	Regular UI	New	UI	Interstate Received as Liable State*	Within Quarter	Sufficient No BY ^c	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.14	5159A-101-7	Required	Within Quarter	Regular UI	New	UI	Interstate Received as Liable State*	Must be blank	Must be blank	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
NEW UCFE/UCX CLAIMS (3.15 through 3.18)													
1) Minimum sample: First two cases from each subpopulation													
3.15	5159A-102-2	Required	Within Quarter	Regular UI	New	UCFE	Intrastate						
3.16	5159A-103-2	Required	Within Quarter	Regular UI	New	UCX	Intrastate						
3.17	5159A-102-7	Required	Within Quarter	Regular UI	New	UCFE	Interstate Received as Liable State*						
3.18	5159A-103-7	Required	Within Quarter	Regular UI	New	UCX	Interstate Received as Liable State*						

Sub pop #	Report, Line, and Column	2 (Step 1B)	3 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1)	4 (Step 2A (Rule 1))	5 (Step 3)	6 (Step 4)	7 (Step 5)	8 (Step 6A) (Step 6B)	9 (Step 6C) (Step 6D)	10 (Step 7)	11 (Step 8A) (Step 8B)	12 (Step 8A)	13 (Step 8B)
		SSN	Date Claim Filed/IB-4 Sent	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary ^a	Sufficient/ Insufficient/ Combined Wages	WBA	MBA	Potential Weeks of Duration ^b	Potential Weeks Maximum Duration
INTERSTATE FILED FROM AGENT STATE CLAIMS (3.19 through 3.21)													
1) Minimum sample: First two cases from each subpopulation													
3.19	5159A-101-4	Required	Within Quarter	Regular UI	New Transitional Additional Reopened	UI	Interstate Filed from Agent State*						
3.20	5159A-102-4	Required	Within Quarter	Regular UI	New Transitional Additional Reopened	UCFE	Interstate Filed from Agent State*						
3.21	5159A-103-4	Required	Within Quarter	Regular UI	New Transitional Additional Reopened	UCX	Interstate Filed from Agent State*						
INTERSTATE CLAIMS TAKEN AS AGENT STATE (3.22 through 3.24)													
1) Minimum sample: First two cases from each subpopulation													
3.22	5159A-101 (4, 5)	Required	Within Quarter	Regular UI	New Transitional Additional Reopened	UI	Interstate Taken as Agent State*						
3.23	5159A-102 (4, 5)	Required	Within Quarter	Regular UI	New Transitional Additional Reopened	UCFE	Interstate Taken as Agent State*						
3.24	5159A-103 (4, 5)	Required	Within Quarter	Regular UI	New Transitional Additional Reopened	UCX	Interstate Taken as Agent State*						
INTRASTATE AND INTERSTATE TRANSITIONAL CLAIMS (3.25 through 3.33)													
1) Random sample: 30 or 100													
3.25	5159A-101-6 218A-100-2	Required	Within Quarter	Regular UI	Transitional	UI		Within Quarter	Insufficient	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank

Sub pop #	Report, Line, and Column	2 (Step 1B) SSN	3 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1) Date Claim Filed/IB-4 Sent	4 (Step 2A (Rule 1)) Type of UI Program	5 (Step 3) Type of Claim	6 (Step 4) Program Type	7 (Step 5) Intrastate/ Interstate	8 (Step 6A) (Step 6B) Date of Original Monetary ^a	9 (Step 6C) (Step 6D) Sufficient/ Insufficient/ Combined Wages	10 (Step 7) WBA	11 (Step 8A) (Step 8B) MBA	12 (Step 8A) Potential Weeks of Duration ^b	13 (Step 8B) Potential Weeks Maximum Duration
3.26	5159A-101-6 218A-100 (3-6) 218B-103 (14, 19)	Required	Within Quarter	Regular UI	Transitional	UI		Within Quarter	Sufficient New BY	Maximum	> 0	> 0	Y
3.27	5159A-101-6 218A-100 (3-5) 218B-101 (8-13)	Required	Within Quarter	Regular UI	Transitional	UI		Within Quarter	Sufficient New BY	Maximum	> 0	> 0	N
3.28	5159A-101-6 218A-100 (3-4) 218B-103 (14, 19)	Required	Within Quarter	Regular UI	Transitional	UI		Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	Y
3.29	5159A-101-6 218A-100 (3-4) 218B-101 (8-13)	Required	Within Quarter	Regular UI	Transitional	UI		Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	N
3.30	5159A-101-6 218A-100-3	Required	Within Quarter	Regular UI	Transitional	UI		Within Quarter	Sufficient No BY ^c	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.31	5159A-101-6	Required	Within Quarter	Regular UI	Transitional	UI		Must be blank	Must be blank	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.32	5159A-102-6	Required	Within Quarter	Regular UI	Transitional	UCFE							
3.33	5159A-103-6	Required	Within Quarter	Regular UI	Transitional	UCX							
CWC CLAIMS (3.34 through 3.39)													
1) Random sample: 30 or 100; 2) Supplemental sample--missing strata													
3.34	586A-101-1	Required	Within Quarter	Regular UI	CWC New		CWC Intrastate	Must be blank	Insufficient (Wages Not Combined)*	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.35	586A-101 (1-2)	Required	Within Quarter	Regular UI	CWC New		CWC Intrastate	Within Quarter	Sufficient New CWC BY				
3.36	586A-102-1	Required	Within Quarter	Regular UI	CWC New		CWC Interstate	Must be blank	Insufficient (Wages Not Combined)*	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank

Sub pop #	Report, Line, and Column	2 (Step 1B) SSN	3 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1) Date Claim Filed/IB-4 Sent	4 (Step 2A (Rule 1)) Type of UI Program	5 (Step 3) Type of Claim	6 (Step 4) Program Type	7 (Step 5) Intrastate/ Interstate	8 (Step 6A) (Step 6B) Date of Original Monetary ^a	9 (Step 6C) (Step 6D) Sufficient/ Insufficient/ Combined Wages	10 (Step 7) WBA	11 (Step 8A) (Step 8B) MBA	12 (Step 8A) Potential Weeks of Duration ^b	13 (Step 8B) Potential Weeks Maximum Duration
3.37	586A-102 (1-2)	Required	Within Quarter	Regular UI	CWC New		CWC Interstate	Within Quarter	Sufficient New CWC BY				
3.38	586A-101-2	Required	A Prior Quarter	Regular UI	New CWC BY for CWC Claim Filed in Prior Quarter*		CWC Intrastate	Within Quarter	Sufficient New CWC BY				
3.39	586A-102-2	Required	A Prior Quarter	Regular UI	New CWC BY for CWC Claim Filed in Prior Quarter*		CWC Interstate	Within Quarter	Sufficient New CWC BY				
NEW CLAIMS FILED IN THE PRIOR QUARTER (3.40 through 3.45) ^d													
1) Random sample: 30 or 100; 2) Supplemental sample--missing strata													
3.40	218A-100-2	Required	A Prior Quarter	Regular UI	New Claim Filed in Prior Quarter*	UI		Within Quarter	Insufficient	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
3.41	218A-100 (3-6) 218B-103 (14, 19)	Required	A Prior Quarter	Regular UI	New Claim Filed in Prior Quarter*	UI		Within Quarter	Sufficient New BY	Maximum	> 0	> 0	Y
3.42	218A-100 (3-5) 218B-101 (8-13)	Required	A Prior Quarter	Regular UI	New Claim Filed in Prior Quarter*	UI		Within Quarter	Sufficient New BY	Maximum	> 0	> 0	N
3.43	218A-100 (3-4) 218B-103 (14, 19)	Required	A Prior Quarter	Regular UI	New Claim Filed in Prior Quarter*	UI		Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	Y
3.44	218A-100 (3-4) 218B-101 (8-13)	Required	A Prior Quarter	Regular UI	New Claim Filed in Prior Quarter*	UI		Within Quarter	Sufficient New BY	Less than Maximum	> 0	> 0	N
3.45	218A-100-3	Required	A Prior Quarter	Regular UI	New Claim Filed in Prior Quarter*	UI		Within Quarter	Sufficient No BY ^c	Must be blank	Must be blank or 0	Must be blank or 0	Must be blank
ENTERING SELF-EMPLOYMENT PROGRAM (3.46)													
1) Minimum sample: First two cases													

Sub pop #	Report, Line, and Column	2 (Step 1B) SSN	3 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1) Date Claim Filed/IB-4 Sent	4 (Step 2A (Rule 1)) Type of UI Program	5 (Step 3) Type of Claim	6 (Step 4) Program Type	7 (Step 5) Intrastate/ Interstate	8 (Step 6A) (Step 6B) Date of Original Monetary ^a	9 (Step 6C) (Step 6D) Sufficient/ Insufficient/ Combined Wages	10 (Step 7) WBA	11 (Step 8A) (Step 8B) MBA	12 (Step 8A) Potential Weeks of Duration ^b	13 (Step 8B) Potential Weeks Maximum Duration
3.46	5159A-201-13	Required	Within Quarter	Regular UI	Entering Self- Employment								

*These values are abbreviated in the record layout data format specifications (see Appendix A of ETA Operations Guide 411) but are shown here in their entirety for informational purposes.

^aFor subpopulations 3.34 through 3.39, "original monetary" refers to the first monetary determination/redetermination using wages from more than one state.

^bObservations reported in all populations which require the number of weeks of potential duration will be sorted by the number of weeks and subtotaled by the range of weeks.

^cThis situation will only occur when the State does not automatically establish a new benefit year for claimants who are monetarily eligible for benefits.

^dThese are new or transitional claims filed in a prior quarter. States should use the same Federal generic value of "Prior Qtr New Claim" for either type in the Population 3 extract file.

Table A.3.2
Population 3A Subpopulations
Claims – Claimant Eligibility
Claim Filed Date or Original Monetary Determination Date
For Claim Falls within Reporting/Validation Period

Subpop #	Report, Line, and Column	2 (Step 1B) SSN	3 (Step 3B) (Rule 1) Date Claim Filed	4 (Step 2A) Type of UI Program	5 (Step 3B) (Rule 2) Type of Claim	6 (Step 4) Program Type	7 (Step 5) Intrastate/ Interstate	8 (Step 3B) (Rule 3) Unclaimed Week	9 (Step 3B) (Rule 4) Separation Date	10 (Step 3B) (Rule 5) Last Employer	11 (Step 3B) (Rule 6) Separation Reason
ADDITIONAL CLAIMS (3a.1 through 3a.6) 1) Random sample: 60 or 200											
3a.1	5159A-101-3	Required	Required	Regular UI	Additional	UI	Intrastate		Required	Required	Required
3a.2	5159A-102-3	Required	Required	Regular UI	Additional	UCFE	Intrastate		Required	Required	Required
3a.3	5159A-103-3	Required	Required	Regular UI	Additional	UCX	Intrastate		Required	Required	Required
3a.4	5159A-101-7	Required	Required	Regular UI	Additional	UI	Interstate Received as Liable State*		Required	Required	Required
3a.5	5159A-102-7	Required	Required	Regular UI	Additional	UCFE	Interstate Received as Liable State*		Required	Required	Required
3a.6	5159A-103-7	Required	Required	Regular UI	Additional	UCX	Interstate Received as Liable State*		Required	Required	Required

*These values are abbreviated in the record layout data format specifications (see Appendix A of ETA Operations Guide 411) but are shown here in their entirety for informational purposes.

Table A.3.3

Relationship between ETA 5159A and 586A Reports and Claims Subpopulations in Population 3

		Initial Claims							Entering Self-employment, All Programs (13)
Program	Line No.	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)		
State UI	101	1-7	3a.1	19 and 22	22	25-31	8-14 and 3a.4		
UCFE, No UI	102	15	3a.2	20 and 23	23	32	17 and 3a.5		
UCX Only	103	16	3a.3	21 and 24	24	33	18 and 3a.6		
State UI	201								46

State UI	Line No.	New Claims (1)	Persons Establishing Benefit Years (2)
Intrastate	101	34 and 35	35 and 38
Interstate Recvd. as Paying State	102	36 and 37	37 and 39

Table A.3.4

Relationship between ETA 218 Reports and New UI Claims Subpopulations in Population 3

SECTION A. MONETARY DETERMINATIONS

LINE NO.	DETERMINATIONS		NUMBER OF CLAIMANTS ESTABLISHING BENEFIT YEARS		
	Insufficient Wage Credits (2)	Sufficient Wage Credits (3)	Total (4)	Maximum Weekly Benefit (5)	Maximum Benefit & Duration (6)
100	1, 8, 25, 40	2-6 9-13 26-30 41-45	2-5 9-12 26-29 41-44	2-3 9-10 26-27 41-42	2, 9, 26, 41

SECTION B. POTENTIAL DURATION FOR DETERMINATIONS ESTABLISHING BENEFIT YEARS

			LESS THAN MAXIMUM WEEKS OF DURATION	
LINE NO.	ITEM		Less than 26 Weeks (8-13)	
101	Potential		3, 5, 10, 12, 27, 29, 42, 44	
			MAXIMUM WEEKS OF DURATION	
			26-27 Weeks (14)	
103		Potential	2, 4, 9, 11, 26, 28, 41, 43	
			2, 4, 9, 11, 26, 28, 41, 43	
			Number at Maximum Duration (19)	Average Weeks Duration ^a (20)
			Average Calculation from Total Column for Subpopulations 2-5, 9-12, 26-29, and 41-44	

Population 3/3a Notes

1. Overview

Population 3 includes new, transitional and CWC claims. Population 3a includes additional claims. The only additional and reopened claims reported in Population 3 are interstate filed from agent state claims from the LADT report or interstate taken as agent state claims. New and transitional UI claims are reported on the 5159 and the monetary determinations associated with these claims are reported on the ETA 218. For new and transitional UI claims, states are required to produce a single record showing the claim and monetary. This is the only way to ensure that each claim is reported once and only once on the ETA 218.

ETA 5159: All claims filed (established) during the report/validation quarter.

Validation of New and Transitional UI claims validates two Federal reports:

ETA 218: New and transitional UI claims where the original monetary determination was issued during the quarter. The claims will match three months of the ETA 5159 report, and their most recent monetary determinations will match the quarterly ETA 218 report (see the tables on the previous page for the relationship between claims populations and cells on the ETA 5159 and ETA 218 reports).

UCFE and UCX claims are included only on the ETA 5159 report and not on the ETA 218 report. Therefore, columns 8 through 13 are optional for UCFE and UCX claims.

CWC claims are extracted, processed and reported using completely separate logic from that used to extract, process and report non-CWC claims. In fact, each CWC claim is reported twice, once as a CWC claim and once as a regular claim. The CWC technical assistance guide, in Appendix C, provides instructions for extracting and labeling CWC claims.

2. Monetary Determinations

Many states generate a monetary determination automatically when a claim is filed, even when a wage request is pending. For these states, the counts of new and transitional UI claims on the 5159 will match the counts of original monetary determinations on the ETA 218.

Some states do not automatically generate a monetary determination when a claim is filed. For these states, the counts on the two reports may differ when a claim is filed in one quarter, but the original monetary determination for that claim is generated in the following quarter. The validation methodology handles these situations as follows:

- A) When no original monetary determination was sent during the quarter being validated in which the new claim was filed, the claim will be reported on the ETA 5159, but there will be no monetary status reported on the ETA 218 for the quarter being validated. These claims are assigned to subpopulations 3.7 (new intrastate), 3.14 (new interstate), and 3.31 (transitional).
- B) When the original monetary determination was sent during the quarter being validated but the claim was filed during the previous quarter, the monetary status will be reported on the ETA 218, but there will be no claim reported on the ETA 5159 for the quarter being validated. These monetary determinations are assigned to subpopulations 3.40 through 3.45, depending on their monetary status.

3. Reporting Criteria

The ETA 5159 report criteria and procedures for building claims extract files are as follows:

- The date the claim was filed or processed determines the reporting on the 5159.
- Assign a claim type category (new, transitional, or additional) and sort into the categories in Column 4.
- Assign an intrastate or interstate category based on the liable and agent state(s) and sort into the categories in Column 7.
- Assign a program type (UI, UCFE, or UCX) based on the wages present on the most recent monetary determination at the time the report program is run and sort into the categories in Column 6. If no wages were found, assign the program type based on the type of claim filed. Follow the current program type hierarchy (any UI wages are UI; any UCFE wages without UI are UCFE; and UCX wages are only UCX).

The following table shows how various types of claims are assigned to the reporting categories on the 5159 report based on the type of claim and the intra/interstate type.

Table A.3.5
Mapping of Claim Types to ETA 5159 Report Items

Type of Claim	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)
New	X		X	X		X
Transitional			X	X	X	
Additional		X	X	X		X
Reopen			X	X		

The ETA 218 report criteria and procedures for extracting information from monetary determinations are as follows:

- The date of the original monetary determination determines the reporting on the ETA 218.
- Based on the most recent monetary determination/WBA at the time the report is run, assign a monetary determination status and sort into the categories in Column 9.

Column (7) Lines 101 — 103 (Interstate Additional Claims):

When both Populations 3 and 3a are loaded, the software transfers the count of any interstate additional claims from Population 3a to Population 3. Thus the validation counts for Lines 101 — 103 (7) in Population 3, may be higher after Population 3a is loaded.

The count of UI interstate additional claims on the RV Summary will be the sum of 3.8 — 3.14 plus 3a.4.

The count of UCFE interstate additional claims on the RV Summary will be the sum of 3.17 and 3a.5.

The count of UCX interstate additional claims on the RV Summary will be the sum of 3.18 and 3a.6.

4. Summary of Subpopulations

3.1: These records represent insufficient monetary determinations (ineligible claims).

3.2 — 3.5: These records represent sufficient monetary determinations (eligible claims) with a new benefit year established. These records include monetary information in columns 8— 13 (Date of the Original Monetary, Sufficient/Insufficient, WBA, MBA, Potential Weeks of Duration and Potential Weeks of Maximum Duration).

3.6: These records represent sufficient monetary determinations with no new benefit year established. This applies to states where a new benefit year is not established at the same time that the claim is filed.

3.7: These records represent new claims filed where no monetary determination was issued.

3.8 — 3.14: These records represent interstate received as liable claims and are assigned to subpopulations using the same logic as subpopulations 3.1 — 3.7.

- 3.15 — 3.18:** These records represent new UCFE/UCX claims. The monetary information columns 8 — 13 (Date of the Original Monetary, Sufficient/Insufficient, WBA, MBA, Potential Weeks of Duration, and Potential Weeks of Maximum Duration) are not required because these claims are not reported on the ETA 218. You may leave data in these fields in the extract file. The software will ignore them.
- 3.19 — 3.21:** These records represent interstate filed from agent state claims. This information comes from the LADT claimant records. Instructions for building the records to be added to the extract file from the LADT detail records can be found in Appendix C, Technical Guidance.
- 3.22 — 3.24:** These records represent interstate taken as agent state claims. These are claims against other states that are filed in your state agency.
- 3.25 — 3.33:** These records represent transitional claims (UI/UCFE/UCX). Transitional UI claims are reported on the ETA 5159 and the ETA 218.
- 3.34 — 3.37:** These records represent new CWC claims. Procedures for validating CWC claims and payments are found in Appendix C.

A new CWC claim occurs when the first IB4 request to transfer wages is sent to another state for a claim.

If the first IB4 for a claim is sent during a quarter and a monetary determination or redetermination is issued using wages from more than one state during that quarter, it constitutes a new CWC claim and a new CWC benefit year.

These records are assigned to subpopulations 3.35 (for intrastate) and 3.37 (for interstate).

If the first IB4 for a claim is sent during a quarter but no monetary determination or redetermination using wages from more than one state is issued during that quarter, then this constitutes an insufficient CWC claim (no new benefit year is established), and these transactions are assigned to subpopulations 3.34 (for intrastate) and 3.36 (for interstate).

There are several reasons why a monetary determination using wages from more than one state may not be issued in the quarter in which the initial IB-4 was sent for a claim:

- 1) Wages were not found in the other state
- 2) Wages were found in the other state but not used
- 3) Wages were found but used in a subsequent quarter

3.38 — 3.39: These transactions represent new CWC benefit years where the new CWC claim was filed in a prior quarter. This occurs when the first monetary determination or redetermination using wages from more than one state was issued during the quarter but the initial IB4 was sent during a previous quarter.

3.40 — 3.45: These transactions represent new UI claims filed in a quarter prior to the quarter being validated when the initial monetary determination or redetermination was issued during the quarter being validated.

3.46: These transactions represent claims filed under the entering self-employment program.

3a.1 — 3a.6: These transactions represent intrastate and interstate additional claims (UI/UCFE/UCX).

5. Commuter Claim

If a claimant commuted from the claimant's residence in another state to a job in your (the liable) state and that person filed directly with your (the liable) state, the claim is reported as an intrastate claim.

Table A.4.1
Population 4 Subpopulations
Payments/Weeks Compensated
Payment Mail Date Falls within Reporting/Validation Period

Sub pop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2A)	5 (Step 4)	6 (Step 5)	7 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	8 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemploy- ment	9 (Step 10D) (Rule 2) (Step 10E) (Rule 2)	10 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	11 (Step 12A)	12 (Step 12B)	13 (Step 12C)	14 (Step 12D)	15 (Step 12E)	16 (Step 13)	17 (Step 14)
		SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/Interstate	Type of Compensation		Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employment Amount	Week Ending Date	Mail Date
FIRST PAYMENTS (4.1 through 4.16)																	
1) Random sample: 60 or 200; 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers																	
4.1	5159B-301 (14-15) 5159B-302 (14-15) 9050-AI-C2	Required	Required	Regular UI	UI Only	Intrastate	First Payment	Total	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.2	5159B-301 (14-16) 5159B-302 (14-16) 9050-AI-C6	Required	Required	Regular UI	UI Only	Interstate	First Payment	Total	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.3	5159B-301 (14, 15, 17) 5159B-302 (14, 15, 17) 9050-AI-C2	Required	Required	Regular UI	Joint UI/Federal	Intrastate	First Payment	Total	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.4	5159B-301 (14-17) 5159B-302 (14-17) 9050-AI-C6	Required	Required	Regular UI	Joint UI/Federal	Interstate	First Payment	Total	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.5	5159B-301 (17-18) 5159B-302 (17-18) 9050-AI-C3	Required	Required	Regular UI	UCFE Only or UCFE/UCX	Intrastate	First Payment	Total	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/UCX	Must be blank or 0	Must be blank or 0	Required	Required
4.6	5159B-301 (17-18) 5159B-302 (17-18) 9050-AI-C7	Required	Required	Regular UI	UCFE Only or UCFE/UCX	Interstate	First Payment	Total	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/UCX	Must be blank or 0	Must be blank or 0	Required	Required

Sub pop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2A)	5 (Step 4)	6 (Step 5)	7 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	8 (Step 10D) (Step 10E)	9 (Step 10D) (Rule 2) (Step 10E) (Rule 2)	10 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	11 (Step 12A)	12 (Step 12B)	13 (Step 12C)	14 (Step 12D)	15 (Step 12E)	16 (Step 13)	17 (Step 14)
		SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Type of Compensation	Partial/ Total Weeks of Unemployment	Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employment Amount	Week Ending Date	Mail Date
4.7	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-AI-C4	Required	Required	Regular UI	UCX Only	Intrastate	First Payment	Total	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
4.8	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-AI-C8	Required	Required	Regular UI	UCX Only	Interstate	First Payment	Total	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
4.9	5159B-301-14 5159B-302-14 9050-AI-C2 9050-Part-C2	Required	Required	Regular UI	UI Only	Intrastate	First Payment	Partial	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.10	5159B-301 (14, 16) 5159B-302 (14, 16) 9050-Part-C6	Required	Required	Regular UI	UI Only	Interstate	First Payment	Partial	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.11	5159B-301 (14, 17) 5159B-302 (14, 17) 9050-AI-C2 9050-Part-C2	Required	Required	Regular UI	Joint UI/Federal	Intrastate	First Payment	Partial	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.12	5159B-301 (14, 16, 17) 5159B-302 (14, 16, 17) 9050-Part-C6	Required	Required	Regular UI	Joint UI/Federal	Interstate	First Payment	Partial	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.13	5159B-301 (17-18) 5159B-302 (17-18) 9050-Part-C3	Required	Required	Regular UI	UCFE Only or UCFE/ UCX	Intrastate	First Payment	Partial	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/ UCX	Must be blank or 0	Must be blank or 0	Required	Required
4.14	5159B-301 (17-18) 5159B-302 (17-18) 9050-Part-C7	Required	Required	Regular UI	UCFE Only or UCFE/ UCX	Interstate	First Payment	Partial	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/ UCX	Must be blank or 0	Must be blank or 0	Required	Required

Sub pop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2A)	5 (Step 4)	6 (Step 5)	7 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	8 (Step 10D) (Step 10E)	9 (Step 10D) (Rule 2) (Step 10E) (Rule 2)	10 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	11 (Step 12A)	12 (Step 12B)	13 (Step 12C)	14 (Step 12D)	15 (Step 12E)	16 (Step 13)	17 (Step 14)
		SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Type of Compensation	Partial/ Total Weeks of Unemployment	Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employment Amount	Week Ending Date	Mail Date
4.15	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-Part-C4	Required	Required	Regular UI	UCX Only	Intrastate	First Payment	Partial	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
4.16	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-Part-C8	Required	Required	Regular UI	UCX Only	Interstate	First Payment	Partial	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
CONTINUED TOTAL PAYMENTS (4.17 through 4.24)																	
1) Supplemental sample-outliers																	
4.17	5159B-301 (14-15) 5159B-302 (14-15) 9051-A1-C2	Required	Required	Regular UI	UI Only	Intrastate	Continued Payment	Total	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.18	5159B-301 (14-16) 5159B-302 (14-16) 9051-A1-C6	Required	Required	Regular UI	UI Only	Interstate	Continued Payment	Total	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.19	5159B-301 (14, 15, 17) 5159B-302 (14, 15, 17) 9051-A1-C2	Required	Required	Regular UI	Joint UI/Federal	Intrastate	Continued Payment	Total	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.20	5159B-301 (14-17) 5159B-302 (14-17) 9051-A1-C6	Required	Required	Regular UI	Joint UI/Federal	Interstate	Continued Payment	Total	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.21	5159B-301 (17-18) 5159B-302 (17-18) 9051-A1-C3	Required	Required	Regular UI	UCFE Only or UCFE/UCX	Intrastate	Continued Payment	Total	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/UCX	Must be blank or 0	Must be blank or 0	Required	Required
4.22	5159B-301 (17-18) 5159B-302 (17-18) 9051-A1-C7	Required	Required	Regular UI	UCFE Only or UCFE/UCX	Interstate	Continued Payment	Total	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/UCX	Must be blank or 0	Must be blank or 0	Required	Required

Sub pop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2A)	5 (Step 4)	6 (Step 5)	7 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	8 (Step 10D) (Step 10E)	9 (Step 10D) (Rule 2) (Step 10E) (Rule 2)	10 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	11 (Step 12A)	12 (Step 12B)	13 (Step 12C)	14 (Step 12D)	15 (Step 12E)	16 (Step 13)	17 (Step 14)
		SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Type of Compensation	Partial/ Total Weeks of Unemployment	Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employment Amount	Week Ending Date	Mail Date
4.23	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-AI-C4	Required	Required	Regular UI	UCX Only	Intrastate	Continued Payment	Total	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
4.24	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-AI-C8	Required	Required	Regular UI	UCX Only	Interstate	Continued Payment	Total	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
CONTINUED PARTIAL PAYMENTS (4.25 through 4.32)																	
1) Random sample: 30 or 100																	
4.25	5159B-301-14 5159B-302-14 9051-Part-C2	Required	Required	Regular UI	UI Only	Intrastate	Continued Payment	Partial	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.26	5159B-301 (14, 16) 5159B-302 (14, 16) 9051-Part-C6	Required	Required	Regular UI	UI Only	Interstate	Continued Payment	Partial	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Required	Required
4.27	5159B-301 (14, 17) 5159B-302 (14, 17) 9051-Part-C2	Required	Required	Regular UI	Joint UI/Federal	Intrastate	Continued Payment	Partial	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.28	5159B-301 (14, 16, 17) 5159B-302 (14, 16, 17) 9051-Part-C6	Required	Required	Regular UI	Joint UI/Federal	Interstate	Continued Payment	Partial	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0	Required	Required
4.29	5159B-301 (17-18) 5159B-302 (17-18) 9051-Part-C3	Required	Required	Regular UI	UCFE Only or UCFE/UCX	Intrastate	Continued Payment	Partial	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/UCX	Must be blank or 0	Must be blank or 0	Required	Required
4.30	5159B-301 (17-18) 5159B-302 (17-18) 9051-Part-C7	Required	Required	Regular UI	UCFE Only or UCFE/UCX	Interstate	Continued Payment	Partial	≥ 0	> 0	Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/UCX	Must be blank or 0	Must be blank or 0	Required	Required

Sub pop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2A)	5 (Step 4)	6 (Step 5)	7 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	8 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemploy- ment	9 (Step 10D) (Rule 2) (Step 10E) (Rule 2) (Step 10E) (Rule 3)	10 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	11 (Step 12A)	12 (Step 12B)	13 (Step 12C)	14 (Step 12D)	15 (Step 12E)	16 (Step 13)	17 (Step 14)
		SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Type of Compensation	Partial/ Total Weeks of Unemployment	Earnings (Rule 2)	WBA (Rule 3)	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employment Amount	Week Ending Date	Mail Date
4.31	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-Part-C4	Required	Required	Regular UI	UCX Only	Intrastate	Continued Payment	Partial	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
4.32	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-Part-C8	Required	Required	Regular UI	UCX Only	Interstate	Continued Payment	Partial	≥ 0	> 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0	Required	Required
ADJUSTED PAYMENTS (4.33 through 4.42)																	
1) Supplemental sample-outliers by dollars																	
4.33	5159B-302 (14-15)	Required	Required	Regular UI	UI Only	Intrastate	Adjustment	Total	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0		Required
4.34	5159B-302 (14-16)	Required	Required	Regular UI	UI Only	Interstate	Adjustment	Total	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0		Required
4.35	5159B-302 (14, 15, 17)	Required	Required	Regular UI	Joint UI/Federal	Intrastate	Adjustment	Total	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0		Required
4.36	5159B-302 (14-17)	Required	Required	Regular UI	Joint UI/Federal	Interstate	Adjustment	Total	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0		Required
4.37	5159B-302 (17-18)	Required	Required	Regular UI	UCFE Only or UCFE/UCX		Adjustment				Must be blank or 0	> 0	0 for UCFE only, > 0 for UCFE/UCX	Must be blank or 0	Must be blank or 0		Required
4.38	5159B-302 (17, 19)	Required	Required	Regular UI	UCX Only		Adjustment				Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Must be blank or 0		Required

Sub pop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2A)	5 (Step 4)	6 (Step 5)	7 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	8 (Step 10D) (Step 10E)	9 (Step 10D) (Rule 2) (Step 10E) (Rule 2)	10 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	11 (Step 12A)	12 (Step 12B)	13 (Step 12C)	14 (Step 12D)	15 (Step 12E)	16 (Step 13)	17 (Step 14)
		SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Type of Compensation	Partial/ Total Weeks of Unemployment	Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employment Amount	Week Ending Date	Mail Date
4.39	5159B-302-14	Required	Required	Regular UI	UI Only	Intrastate	Adjustment	Partial	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0		Required
4.40	5159B-302 (14, 16)	Required	Required	Regular UI	UI Only	Interstate	Adjustment	Partial	≥ 0	> 0	> 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0		Required
4.41	5159B-302 (14, 17)	Required	Required	Regular UI	Joint UI/Federal	Intrastate	Adjustment	Partial	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0		Required
4.42	5159B-302 (14, 16, 17)	Required	Required	Regular UI	Joint UI/Federal	Interstate	Adjustment	Partial	≥ 0	> 0	> 0	> 0 if Col. 13 = 0 ^a	> 0 if Col. 12 = 0 ^a	Must be blank or 0	Must be blank or 0		Required
SELF-EMPLOYMENT PAYMENTS (4.43)																	
1) Minimum sample: First two cases																	
4.43	5159B-301-20 5159B-302-20	Required	Required	Regular UI	Self-employ	Intrastate or Interstate	Self-Employment				Must be blank or 0	Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0		Required
CWC FIRST PAYMENTS (4.44 through 4.45)																	
1) Random sample: 30 or 100																	
4.44	586A-101 (4-5) 586B Column 8 (Total)	Required	Required	Regular UI		Intrastate CWC	First Payment				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Required	Required
4.45	586A-102 (4-5) 586B Column 9 (Total)	Required	Required	Regular UI		Interstate CWC	First Payment				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0	Required	Required

Sub pop #	Report, Line, and Column	2 (Step 1C) (Rule 1)	3 (Step 1C) (Rule 2)	4 (Step 2A)	5 (Step 4)	6 (Step 5)	7 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	8 (Step 10D) (Step 10E)	9 (Step 10D) (Rule 2) (Step 10E) (Rule 2)	10 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	11 (Step 12A)	12 (Step 12B)	13 (Step 12C)	14 (Step 12D)	15 (Step 12E)	16 (Step 13)	17 (Step 14)
		SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Type of Compensation	Partial/ Total Weeks of Unemployment	Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self-Employment Amount	Week Ending Date	Mail Date
CWC WEEKS COMPENSATED/NOT FIRST PAYMENTS (4.46 through 4.47)																	
1) Minimum sample: First two cases from each subpopulation																	
4.46	586A-101 (4-5)	Required	Required	Regular UI		Intrastate CWC	Weeks Compensated Not First Payments*				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0		Required
4.47	586A-102 (4-5)	Required	Required	Regular UI		Interstate CWC	Weeks Compensated Not First Payments*				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0		Required
CWC ADJUSTED PAYMENTS (4.48 through 4.49)																	
1) Minimum sample: First two cases from each subpopulation																	
4.48	586A-101-5	Required	Required	Regular UI		Intrastate CWC	Adjustment				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0		Required
4.49	586A-102-5	Required	Required	Regular UI		Interstate CWC	Adjustment				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0		Required
CWC PRIOR QUARTER (4.50 through 4.51)																	
1) Minimum sample: First two cases from each subpopulation																	
4.50	586A-101 (6-7)	Required	Required	Regular UI		Intrastate CWC	Prior Weeks Compensated				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0		Required
4.51	586A-102 (6-7)	Required	Required	Regular UI		Interstate CWC	Prior Weeks Compensated				Must be blank or 0	Must be blank or 0	Must be blank or 0	> 0	Must be blank or 0		Required

*These values are abbreviated in the record layout data format specifications (see Appendix A of ETA Operations Guide 411) but are shown here in their entirety for informational purposes. They are referred to as "Continued Payment" in the record layout.

^aEither the UCFE or UCX amount (or both) must be entered.

NOTE: For Joint Claims, Column 11 represents the UI portion of the payment, and Columns 12 and 13 represent the Federal portion of the payment.

The term supplement includes supplemental payments, partial offset payments, and negative adjustments. Observations reported in all populations of first and continued payments (Column 3) will be sorted by time lapse days in ascending order and subtotaled by time lapse categories. Observations reported in all populations of supplemental payments will be sorted by SSN.

Table A.4.2

Relationship between ETA 9050, ETA 9051, and ETA 586B Payments Time Lapse and Subpopulations in Population 4

	Intrastate				Interstate			
	UI C2	UCFE C3	UCX C4	(586B- TOTAL) CWC (8)	UI C6	UCFE C7	UCX C8	(586B- TOTAL) CWC (9)
All First Payments	9050 (All)	1, 3, 9, and 11	5 and 13	7 and 15	44	2, 4, 10, and 12	6 and 14	8 and 16
Partial First Payments	9050 (Part)	9 and 11	13	15	10 and 12	14	16	
All Continued Payments	9051(All)	17, 19, 25, and 27	21 and 29	23 and 31	18, 20, 26, and 28	22 and 30	24 and 32	
Partial Continued Payments	9051(Part)	25 and 27	29	31	26 and 28	30	32	

Table A.4.3

Relationship between ETA 5159B Weeks Compensated and Subpopulations in Population 4

	State UI Program ^a			UCFE and UCX Programs			Self-employment All Programs (20)
	All Weeks Compensated (14)	Total Unemployment (15)	Interstate (16)	Total (17)	UCFE - No UI (18)	UCX Only (19)	
5159 Section B							
Number	1 - 4 9 - 12 17 - 20 25 - 28	1 - 4 17 - 20	2, 4, 10, 12 18, 20, 26, 28	5 - 8 13 - 16 21 - 24 29 - 32	5 - 6 13 - 14 21 - 22 29 - 30	7 - 8 15 - 16 23 - 24 31 - 32	43
Amount	Column 10 1 - 4 9 - 12 17 - 20 25 - 28 33 - 36 39 - 42	Column 10 1 - 4 17 - 20 33 - 36	Column 10 2, 4, 10, 12 18, 20, 26, 28 34, 36, 40, 42	Columns 12 & 13 3 - 8 11 - 16 19 - 24 27 - 32 35 - 38 41 - 42	Columns 12 & 13 ^b 5 - 6 13 - 14 21 - 22 29 - 30 37	Column 13 ^c 7 - 8 15 - 16 23 - 24 31 - 32 38	43

^aIf joint claim, then only includes the UI share of the payment. ^bIncludes all payments from UCFE and the UCX portion of UCFE/UCX funds.^cIncludes all payments from UCX funds.

Table A.4.4
Relationship between ETA 586A Payment Activity and Subpopulations in Population 4

	Line No.	Weeks Compensated (4)	Benefits Paid (5)	Prior Weeks Compensated (6)	Prior Benefits Paid (7)
State UI					
Intrastate	101	44, 46	44, 46, 48	50	50
Interstate Received as Paying State	102	45, 47	45, 47, 49	51	51

Population 4 Notes

1. The First Payment time lapse performance measure (as reported on the ETA 9050 report) uses a different definition of first payment than the definition of first payment used on the ETA 5159 report. The measure in the ETA 9050 uses the first compensable week rather than the first week compensated.

First payments are payments for the first compensable week in the benefit year after the waiting week where there were no excessive earnings. Because it is determined by the week paid, it is possible that the first payment date could fall after other payments have been made on the claim.

The ETA 5159 counts, which are not currently validated, use the first week compensated, i.e. the earliest payment date on the claim.

2. **Adjusted Payments (Subpopulations 4.33 – 4.42):** These are payments for weeks that have previously been compensated. The initial payment for the week is counted as a week compensated, and only additional payments for the same week are considered adjustments. These are reported on row 302 (section B) of the ETA 5159 only. Only dollar amounts are included. These payments are not counted as weeks compensated in row 301 (section B) of the ETA 5159 nor are they included on the ETA 9050 or ETA 9051 reports.
3. **Self-employment:** These payments are reported twice. They are reported as self-employment and also as part of the regular program; therefore, they must be extracted twice.
4. **CWC prior weeks compensated (Subpopulations 4.50 – 4.51):** The software allows the state to check the integrity of the files by using date ranges. For example, the ETA 5159 is a monthly report, and the dates must be within the month being validated. CWC prior weeks compensated payment dates will not fall during the same month being validated, but the software will accept and count these in subpopulations 4.50 and 4.51.
5. **Joint Payments:** In situations where a payment for a joint claim is made that does not use funds from more than one program, *that* payment is not considered joint and should be reported as UI, UCFE, or UCX.
6. **Timing:** The extract file must be built with a quarter's worth of CWC data (Subpopulations 4.44 to 4.51) to validate the quarterly CWC ETA 586 report. The other payments data (subpopulations 4.1 – 4.43), to validate counts and dollars on the monthly 5159, 9050, and 9051 reports, must be for the last month of the quarter. When loading the file, use the period Start and End dates for the quarter to allow the validation counts to match the ETA 586 report. The software will retrieve the monthly counts for the last month of the quarter. Records labeled "CWC Prior Weeks Compensated" (subpopulations 4.50 and 4.51) will have payment dates prior to the quarter, but the software will allow those to import.

Table A.5.1**Population 5 Subpopulations**

Nonmonetary Determinations and Redeterminations
Notice Date Falls within Reporting /Validation Period

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2) Type of UI Program	5 (Step 4) Program Type	6 (Step 5) Intrastate/ Interstate	7 (Step 16) Determination/ Redetermination	8 (Step 17) Type of Determination	9 (Step 18) Issue Types	10 (Step 19) First Week Affected	11 (Step 20) Detection Date	12 (Step 21) Notice Date	13 (Step 23) Allow ^a or Deny
SINGLE CLAIMANT NON-MONETARY DETERMINATIONS (5.1 through 5.60)													
1) Random sample: 30 or 100; 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers													
5.1	207: A 101-2; B 201-8 9052A-C2;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	VL		Required	Required	Allow
5.2	207: A 101-2; B 201-9 9052A-C2;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	MC		Required	Required	Allow
5.3	207: A 101-2; B 201-10 9052A-C2;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Sep/Other		Required	Required	Allow
5.4	207: A 101-2; C 301-12 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	A & A		Required	Required	Allow
5.5	207: A 101-2; C 301-13 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Ded. Income		Required	Required	Allow
5.6	207: A 101-2; C 301-14 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Suitable Work		Required	Required	Allow
5.7	207: A 101-2; C 301-15 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Reporting		Required	Required	Allow

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)	13 (Step 23)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^a or Deny
5.8	207: A 101-2; C 301-16 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Profiling		Required	Required	Allow
5.9	207: A 101-2; C 301-17 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Other Nonsep		Required	Required	Allow
5.10	207: A 101-2; B 201-8 9052A-C6;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	VL		Required	Required	Allow
5.11	207: A 101-2; B 201-9 9052A-C6;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	MC		Required	Required	Allow
5.12	207: A 101-2; B 201-10 9052A-C6;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Sep/Other		Required	Required	Allow
5.13	207: A 101-2; C 301-12 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	A & A		Required	Required	Allow
5.14	207: A 101-2; C 301-13 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Ded. Income		Required	Required	Allow
5.15	207: A 101-2; C 301-14 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Suitable Work		Required	Required	Allow
5.16	207: A 101-2; C 301-15 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Reporting		Required	Required	Allow
5.17	207: A 101-2; C 301-16 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Profiling		Required	Required	Allow

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)	13 (Step 23)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^a or Deny
5.18	207: A 101-2; C 301-17 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Other Nonsep		Required	Required	Allow
5.19	207A: 101-2; 102-2 207B: 201-8; 202-8 9052A-C2;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	VL		Required	Required	Deny
5.20	207A: 101-2; 102-2 207B: 201-9; 202-9 9052A-C2;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	MC		Required	Required	Deny
5.21	207A: 101-2; 102-2 207B: 201-10; 202-10 9052A-C2;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Sep/Other		Required	Required	Deny
5.22	207A: 101-2; 102-2 207C: 301-12; 302-12 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	A & A		Required	Required	Deny
5.23	207A: 101-2; 102-2 207C: 301-13; 302-13 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Ded. Income		Required	Required	Deny
5.24	207A: 101-2; 102-2 207C: 301-14; 302-14 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Suitable Work		Required	Required	Deny

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)	13 (Step 23)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^a or Deny
5.25	207A: 101-2; 102-2 207C: 301-15; 302-15 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Reporting		Required	Required	Deny
5.26	207A: 101-2; 102-2 207C: 301-16; 302-16 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Profiling		Required	Required	Deny
5.27	207A: 101-2; 102-2 207C: 301-17; 302-17 9052B-C98;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate	Determination	Single	Other Nonsep		Required	Required	Deny
5.28	207A: 101-2; 102-2 207B: 201-8; 202-8 9052A-C6;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	VL		Required	Required	Deny
5.29	207A: 101-2; 102-2 207B: 201-9; 202-9 9052A-C6;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	MC		Required	Required	Deny
5.30	207A: 101-2; 102-2 207B: 201-10; 202-10 9052A-C6;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Sep/Other		Required	Required	Deny

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)	13 (Step 23)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^a or Deny
5.31	207A: 101-2; 102-2 207C: 301-12; 302-12 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	A & A		Required	Required	Deny
5.32	207A: 101-2; 102-2 207C: 301-13; 302-13 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Ded. Income		Required	Required	Deny
5.33	207A: 101-2; 102-2 207C: 301-14; 302-14 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Suitable Work		Required	Required	Deny
5.34	207A: 101-2; 102-2 207C: 301-15; 302-15 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Reporting		Required	Required	Deny
5.35	207A: 101-2; 102-2 207C: 301-16; 302-16 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Profiling		Required	Required	Deny
5.36	207A: 101-2; 102-2 207C: 301-17; 302-17 9052B-C102;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Interstate	Determination	Single	Other Nonsep		Required	Required	Deny
5.37	207: A 103-1; B 203-8 9052A-C3;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	VL		Required	Required	Allow

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)	13 (Step 23)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^a or Deny
5.38	207: A 103-1; B 203-9 9052A-C3;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	MC		Required	Required	Allow
5.39	207: A 103-1; B 203-10 9052A-C3;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	Sep/Other		Required	Required	Allow
5.40	207A-103-1 9052B-C99;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	Nonsep		Required	Required	Allow
5.41	207: A 103-1; B 203-8 9052A-C7;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	VL		Required	Required	Allow
5.42	207: A 103-1; B 203-9 9052A-C7;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	MC		Required	Required	Allow
5.43	207: A 103-1; B 203-10 9052A-C7;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	Sep/Other		Required	Required	Allow
5.44	207A-103-1 9052B-C103;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	Nonsep		Required	Required	Allow
5.45	207A: 103-1; 104-1 207B: 203-8; 204-8 9052A-C3;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	VL		Required	Required	Deny
5.46	207A: 103-1; 104-1 207B: 203-9; 204-9 9052A-C3;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	MC		Required	Required	Deny

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)	13 (Step 23)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^a or Deny
5.47	207A: 103-1; 104-1 207B: 203-10; 204-10 9052A-C3;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	Sep/Other		Required	Required	Deny
5.48	207A: 103-1; 104-1 9052B-C99;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate	Determination	Single	Nonsep		Required	Required	Deny
5.49	207A: 103-1; 104-1 207B: 203-8; 204-8 9052A-C7;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	VL		Required	Required	Deny
5.50	207A: 103-1; 104-1 207B: 203-9; 204-9 9052A-C7;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	MC		Required	Required	Deny
5.51	207A: 103-1; 104-1 207B: 203-10; 204-10 9052A-C7;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	Sep/Other		Required	Required	Deny
5.52	207A: 103-1; 104-1 9052B-C103;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Interstate	Determination	Single	Nonsep		Required	Required	Deny
5.53	207A-105-1 9052A-C4;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Intrastate	Determination	Single	Sep		Required	Required	Allow
5.54	207A-105-1 9052B-C100;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Intrastate	Determination	Single	Nonsep		Required	Required	Allow

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2) Type of UI Program	5 (Step 4) Program Type	6 (Step 5) Intrastate/ Interstate	7 (Step 16) Determination/ Redetermination	8 (Step 17) Type of Determination	9 (Step 18) Issue Types	10 (Step 19) First Week Affected	11 (Step 20) Detection Date	12 (Step 21) Notice Date	13 (Step 23) Allow ^a or Deny
5.55	207A-105-1 9052A-C8;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Interstate	Determination	Single	Sep		Required	Required	Allow
5.56	207A-105-1 9052B-C104;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Interstate	Determination	Single	Nonsep		Required	Required	Allow
5.57	207A: 105-1; 106-1 9052A-C4;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Intrastate	Determination	Single	Sep		Required	Required	Deny
5.58	207A: 105-1; 106-1 9052B-C100;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Intrastate	Determination	Single	Nonsep		Required	Required	Deny
5.59	207A: 105-1; 106-1 9052A-C8;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Interstate	Determination	Single	Sep		Required	Required	Deny
5.60	207A: 105-1; 106-1 9052B-C104;	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Interstate	Determination	Single	Nonsep		Required	Required	Deny
MULTI-CLAIMANT NON-MONETARY DETERMINATIONS (5.61 through 5.64) 1) Minimum Sample: First two cases from each subpopulation													
5.61	207A-101-5 9052C-C194;	Required	Required if State maintains a unique ID	Regular UI or Workshare			Determination	Multi	Labor Dispute		Required	Required	Allow
5.62	207A: 101-5; 102-5 9052C-C194;	Required	Required if State maintains a unique ID	Regular UI or Workshare			Determination	Multi	Labor Dispute		Required	Required	Deny
5.63	207A-101-6 9052C-C195;	Required	Required if State maintains a unique ID	Regular UI or Workshare			Determination	Multi	Other Multicla mant		Required	Required	Allow

Sub pop #	Report, Line, and Column	2 (Step 1D) (Rule 1)	3 (Step 1D) (Rule 2)	4 (Step 2) Type of UI Program	5 (Step 4) Program Type	6 (Step 5) Intrastate/ Interstate	7 (Step 16) Determination/ Redetermination	8 (Step 17) Type of Determination	9 (Step 18) Issue Types	10 (Step 19) First Week Affected	11 (Step 20) Detection Date	12 (Step 21) Notice Date	13 (Step 23) Allow ^a or Deny
5.64	207A: 101-6; 102-6 9052C-C195;	Required	Required if State maintains a unique ID	Regular UI or Workshare			Determination	Multi	Other Multiclient		Required	Required	Deny
REDETERMINATIONS (5.65 through 5.70) 1) Random Sample: 30 or 100													
5.65	207A-101-3	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate or Interstate	Redetermination	Single	Required			Required	Allow
5.66	207A: 101-3; 102-3	Required	Required if State maintains a unique ID	Regular UI or Workshare	UI	Intrastate or Interstate	Redetermination	Single	Required			Required	Deny
5.67	207A-103-1	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate or Interstate	Redetermination	Single	Required			Required	Allow
5.68	207A: 103-1; 104-1	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCFE	Intrastate or Interstate	Redetermination	Single	Required			Required	Deny
5.69	207A-105-1	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Intrastate or Interstate	Redetermination	Single	Required			Required	Allow
5.70	207A: 105-1; 106-1	Required	Required if State maintains a unique ID	Regular UI or Workshare	UCX	Intrastate or Interstate	Redetermination	Single	Required			Required	Deny

^aAllow or affirmed

Table A.5.2
Relationship between ETA 207 Reporting Cells and Subpopulations in Population 5

207 SECTION A		Total Determinations and Redeterminations (1)	Determinations (2)	Redeterminations (3)	Multi-labor (5)	Multi-other (6)
UI	Dets	101	1-36	65-66	61-62	63-64
	Denials	102	19-36	66	62	64
UCFE	Dets	37-52 67-68				
UCFE	Denials	45-52 68				
UCX	Dets	53-60 69-70				
UCX	Denials	57-60 70				

207 SECTION B		Total Seps (7)	VL (8)	MC (9)	Other Separations (10)
UI	Dets	201	1, 10 19, 28	2, 11 20, 29	3, 12 21, 30
	Denials	202	19, 28	20, 29	21, 30
UCFE	Dets	203	37, 41 45, 49	38, 42 46, 50	39, 43 47, 51
	Denials	204	45, 49	46, 50	47, 51

207 SECTION C		Total Nonseps (11)	A & A (12)	Ded. Income (13)	Suit. Work (14)	Reporting (15)	Profiling (16)	Other (17)
UI	Dets	301	4, 13, 22, 31	5, 14, 23, 32	6, 15, 24, 33	7, 16, 25, 34	8, 17, 26, 35	9, 18, 27, 36
	Denials	302	22, 31	23, 32	24, 33	25, 34	26, 35	27, 36

^aAdd the number of multclaimants involved.

Table A.5.3
Relationship between ETA 9052 Adjudications Time Lapse and Subpopulations in Population 5

	Separation 9052A						Non-Separation 9052B						Labor Dispute C194	Other C195		
	Intrastate			Interstate			Intrastate			Interstate						
	UI C2	UCFE C3	UCX C4	UI C6	UCFE C7	UCX C8	UI C98	UCFE C99	UCX C100	UI C102	UCFE C103	UCX C104				
Single Claimant	9052	1-3 19-21	37-39 45-47	53 57	10-12 28-30	41-43 49-51	55 59	4-9 22-27	40 48	54 58	13-18 31-36	44 52	56 60			
Multi- claimant	9052C														61 62	63 64

NOTE: There are 11 time lapse categories in each of these table cells.

Population 5 Notes

1. For states that require a week to be claimed in order to count non-monetary determinations, use the transaction date of the non-monetary determination when the mail date precedes the week claimed date. For example, if a determination is mailed in December and the week is claimed in January, the state enters the transaction (or countable) date in January to signify that this non-monetary determination is countable for Federal reporting purposes.
2. This population includes non-monetary determinations for Short Time Compensation (STC) Program (workshare) claims. These records should be labeled as “Workshare” for “Type of UI Program.” See the software record layouts for more details.
3. Multiclient Nonmonetary Determinations are counted in two ways on the ETA 207 report. Section A 101(6) counts the number of multiclient determinations (affirmed plus denied). Section A 102(6) counts the number of claimants affected by denial determinations. Currently the software cannot distinguish between the number of *claimants affected* and the number of *denial determinations* because the Population 5 record lacks a key field. If a single record for each denial determination is created, the count of *determinations* will be correct; however, the count of *claimants involved in denials* will be understated. Alternatively, if a record for each denied claimant is created, the count of claimants involved in denials will be correct; however, but the count of determinations will be overstated.

The extract file and software will be revised in the future so that both the number of multiclient determinations and the number of claimants denied will be captured in the same way that is currently done for all multiclient appeal decisions reported on the ETA 5130 (Populations 8 and 9).

In the meantime, when building the Population 5 extract file create a record for *each multiclient determination to deny benefits as well as to affirm benefits*. This can be done by creating a record for one claimant out of each multiclient denial determination as representative of that determination. The validation count for the number of multiclient determinations thus will be correct, and the reported counts of the UI multiclient determinations on the ETA 207 (Group 5.04) and on the ETA 9052 reports (Group 5.10) will be properly validated. These are Pass/Fail groups because they are part of important workload items. However, the number of claimants denied on line 102 of the ETA 207 will be incorrect. (These are not Pass/Fail items.) Indicate in the comments field of the RV screen that the discrepancy is due to a software limitation and is not a state error.

Table A.6.1

Population 6 Subpopulations
Claimants involved in State UI Appeals Filed - Lower

Subpop #	ETA ar5130B Line and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 24A)	5 (Step 25A) (Rule 1) (Step 25B) (Rule 1)	6 (Step 25B) (Rules 3 – 6)	7 (Step 32)
		SSN	Docket Number Unique ID	Appeal Level	Type of Appeal (Single or Multiclaimgant)	Number of Claimants	Filed Date
LOWER AUTHORITY APPEALS FILED (6.1 through 6.2)							
1) Minimum sample: First two cases from each subpopulation							
6.1	200-8	Required	Required	Lower	S		Required
6.2 ^a	200-10	Required	Required	Lower	M	≥ 1	Required

^aStates can list each claimant involved in multiclaimgant appeals or just provide the number of claimants based on how the files are stored in the system.

Table A.6.2

Relationship between ETA AR5130B Report Cells and Subpopulations in Population 6

SECTION B: Claimants Involved in State UI Appeals Cases by Status of Appeals			
Line No.	Status of Appeals Filed During Month	Single-Claimant Appeals Lower Authority (8)	Multi-Claimant Appeals Lower Authority (10)
		1	2
200			

Table A.7.1
Population 7 Subpopulations
Claimants involved in State UI Appeals Filed – Higher

Subpop #	ETA ar5130B Line and Column	2 (Step 1F) (Rule 1)	3 (Step 1F) (Rule 2)	4 (Step 24B)	5 (Step 25A) (Rule 1) (Step 25B) (Rule 1)	6 (Step 25B) (Rules 3 – 6)	7 (Step 32)
		SSN	Docket Number Unique ID	Appeal Level	Type of Appeal (Single or Multiclaimeant)	Number of Claimants	Filed Date
HIGHER AUTHORITY APPEALS FILED (7.1 through 7.2)							
1) Minimum sample: First two cases from each subpopulation							
7.1	200-9	Required	Required	Higher	S		Required
7.2 ^a	200-11	Required	Required	Higher	M	≥ 1	Required

^aStates can list each claimant involved in multiclaimeant appeals or just provide the number of claimants based on how the files are stored in the system.

Table A.7.2
Relationship between ETA AR5130B Report Cells and Subpopulations in Population 7

SECTION B: Claimants Involved in State UI Appeals Cases by Status of Appeals

Line No.	Status of Appeals Filed During Month	Single-Claimant Appeals Higher Authority (9)	Multi-Claimant Appeals Higher Authority (11)
		1	2
200			

Population 6 and 7 Notes

1. **Appeal Filed Date:** If a state experiences delays in mailed appeals, it can use the received date rather than the postmark date to ensure that all appeals are counted. The received date can be used because there is no time lapse for these populations. This would help in those situations where appeals are received after the ETA 5130 report has been run for the previous month. For example, an appeal with a postmark of 3/31/02 that is received on 4/10/02, in a state where the ETA 5130 was run on 4/7/02, would be reported as having been filed in April rather than in March.
2. **Subpopulations 6.2 and 7.2, Number of Claimants Involved in Multi-Claimant Appeal:** States will either store an individual record for each claimant involved in the appeal or one record with the number of claimants. The software will count the number of records or add the number of claimants in Column 6 to derive the number of claimants involved in multi-claimant appeals filed.

Table A.8.1
Population 8 Subpopulations
 Lower Authority Appeals Decisions
 Decision Date Falls within Reporting/Validation Period
 Sort in Ascending Order by Time Lapsed Days

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B)	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)	15 (Step 31)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaimgant)	Number of Claimants in Appeal	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision	Issue Code
SINGLE CLAIMANT LOWER AUTHORITY APPEALS DECISIONS (8.1 through 8.44)															
1) Random sample: 60 or 200 (includes review of folders); 2) Supplemental sample--missing strata (8.33 through 8.40 only); 3) Supplemental sample--outliers															
8.1	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		VL
	ar5130C: 300-14; 310-14														
	ar5130D-400-21														
	9054A-C2														
8.2	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		VL
	ar5130C: 300-16; 310-16														
	ar5130D-400-21														
	9054A-C2														
8.3	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		VL
	ar5130: C 300-14; D 400-21														
	9054A-C2														
	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		VL
8.4	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		VL
	ar5130: C 300-16; D 400-21														
	9054A-C2														
	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		VL
8.5	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		VL
	ar5130C: 300-14; 310-14														
	ar5130D-400-21														
	9054A-C3														

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) Number of Claimants in Multiclaissant Appeal	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)	15 (Step 31)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaissant)		Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision	Issue Code
8.6	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		VL
	ar5130C: 300-16; 310-16														
8.7	ar5130D-400-21 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		VL
	ar5130: A 100-1; B 210-8														
8.8	ar5130: C 300-14; D 400-21	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	N	Required	Required		VL
	9054A-C3														
8.9	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		MC
	ar5130C: 300-14; 310-14														
8.10	ar5130D-400-22 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		MC
	ar5130: A 100-1; B 210-8														
8.11	ar5130C: 300-16; 310-16	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		MC
	ar5130D-400-22 9054A-C2														
8.12	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		MC
	ar5130C: 300-14; D 400-22														
8.12	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		MC
	ar5130C: 300-16; D 400-22														

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) Number of Claimants in Multiclaissant Appeal	10 (Step 26) Appellant	11 (Step 27A) (Step 27B)	12 (Step 32) Filed Date	13 (Step 28) Decision Date	14 (Step 30A) (Step 30B) Disposed of by Decision	15 (Step 31) Issue Code
8.13	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		MC
	ar5130C: 300-14; 310-14														
	ar5130D-400-22 9054A-C3														
8.14	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		MC
	ar5130C: 300-16; 310-16														
	ar5130D-400-22 9054A-C3														
8.15	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		MC
	ar5130: C 300-14; D 400-22														
	9054A-C3														
8.16	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	N	Required	Required		MC
	ar5130: C 300-16; D 400-22														
	9054A-C3														
8.17	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		Suit
	ar5130C: 300-14; 310-14														
	ar5130D-400-23 9054A-C2														
8.18	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		Suit
	ar5130C: 300-16; 310-16														
	ar5130D-400-23 9054A-C2														
8.19	ar5130: A 100-1; B 210-8	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		Suit
	ar5130: C 300-14; D 400-23														
	9054A-C2														

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) Number of Claimants in Multiclaissant Appeal	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)	15 (Step 31)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaissant)		Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision	Issue Code
8.20	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-23 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		Suit
	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-23 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		Suit
	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-23 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		Suit
8.22	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-23 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		Suit
	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-23 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	N	Required	Required		Suit
8.23	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-23 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	N	Required	Required		Suit
	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-24 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		A & A
8.24	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-23 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	N	Required	Required		Suit
	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-24 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		A & A
8.25	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-24 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		A & A
	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-24 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		A & A

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) Number of Claimants in Multiclaissant Appeal	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)	15 (Step 31)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaissant)		Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision	Issue Code
8.27	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-24	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		A & A
	9054A-C2														
8.28	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-24	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		A & A
	9054A-C2														
8.29	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		A & A
	ar5130D-400-24 9054A-C3														
8.30	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		A & A
	ar5130D-400-24 9054A-C3														
8.31	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-24	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		A & A
	9054A-C3														
8.32	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-24	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	N	Required	Required		A & A
	9054A-C3														
8.33	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		Other
	ar5130D-400-26 9054A-C2														

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) Number of Claimants in Multiclaissant Appeal	10 (Step 26) Appellant	11 (Step 27A) (Step 27B) In Favor of Appellant	12 (Step 32) Filed Date	13 (Step 28) Decision Date	14 (Step 30A) (Step 30B) Disposed of by Decision	15 (Step 31) Issue Code
8.34	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		
8.35	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-26 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		
8.36	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-26 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S	Must be blank or 0	Employer	N	Required	Required		
8.37	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	Y	Required	Required		
8.38	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	Y	Required	Required		
8.39	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-26 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Claimant	N	Required	Required		
8.40	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-26 9054A-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Lower	S	Must be blank or 0	Employer	N	Required	Required		
8.41 ^a	ar5130A-100-3 9054A-C2	Required	Required	Regular UI or Workshare	UCFE	Intrastate	Lower	S	Must be blank or 0			Required	Required		

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) Number of Claimants in Multiclaissant Appeal	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)	15 (Step 31)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaissant)		Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision	Issue Code
8.42 ^a	ar5130A-100-3 9054A-C3	Required	Required	Regular UI or Workshare	UCFE	Interstate	Lower	S	Must be blank or 0			Required	Required		
8.43 ^a	ar5130A-100-5 9054A-C2	Required	Required	Regular UI or Workshare	UCX	Intrastate	Lower	S	Must be blank or 0			Required	Required		
8.44 ^a	ar5130A-100-5 9054A-C3	Required	Required	Regular UI or Workshare	UCX	Interstate	Lower	S	Must be blank or 0			Required	Required		
MULTI-CLAIMANT LOWER AUTHORITY APPEALS DECISIONS (8.45 through 8.55)															
1) Minimum sample: First two cases from each subpopulation (Includes review of folders)															
8.45	ar5130: A 100-1; B 210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	Y	Required	Required		Labor Disp
	ar5130C: 300-14; 310-14	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	Y	Required	Required		Labor Disp
	ar5130D-400-25 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Labor Disp
	ar5130: A 100-1; B 210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Labor Disp
8.46	ar5130C: 300-16; 310-16	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Labor Disp
	ar5130D-400-25 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Labor Disp
	ar5130: A 100-1; B 210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Labor Disp
	ar5130C: 300-14; D 400-25	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Labor Disp
8.47	ar5130: A 100-1; B 210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Labor Disp
	ar5130C: 300-14; D 400-25	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Labor Disp
	ar5130: A 100-1; B 210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Labor Disp
	ar5130C: 300-14; D 400-25	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Labor Disp
8.48	ar5130: A 100-1; B 210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Labor Disp
	ar5130C: 300-16; D 400-25	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Labor Disp
	ar5130: A 100-1; B 210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Labor Disp
	ar5130C: 300-14; D 400-25	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Labor Disp

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) Number of Claimants in Multiclaissant Appeal	10 (Step 26) Appellant	11 (Step 27A) (Step 27B)	12 (Step 32) Filed Date	13 (Step 28) Decision Date	14 (Step 30A) (Step 30B) Disposed of by Decision	15 (Step 31) Issue Code
8.49	ar5130: A 100-1; B 210-10 ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	Y	Required	Required		Other
8.50	ar5130: A 100-1; B 210-10 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	Y	Required	Required		Other
8.51	ar5130: A 100-1; B 210-10 ar5130: C 300-14; D 400-26 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required		Other
8.52	ar5130: A 100-1; B 210-10 ar5130: C 300-16; D 400-26 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-1 or M-Lead	≥ 1	Employer	N	Required	Required		Other
8.53	ar5130B-210-10	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	M-Nonlead	1			Required	Required		VL or MC or Suit or A & A or Other or Labor Labor Disp
8.54	ar5130A: 100-1 ar5130B: 210-8; 210-10 ar5130C: 300-18; 310-18 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S or M-1 or M-Lead	≥ 1 or blank or 0	Other	Y	Required	Required		VL or MC or Suit or A & A or Other or Labor Labor Disp

Subpop	Report, Line, and Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24A) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B)	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)	15 (Step 31)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaimgant)	Number of Claimants in Multiclaimgant Appeal	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision	Issue Code
8.55	ar5130A: 100-1 ar5130B: 210-8; 210-10 ar5130C: 300-18 9054A-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Lower	S or M-1 or M-Lead	≥ 1 or blank or 0	Other	N	Required	Required		VL or MC or Suit or A & A or Other or Labor Disp

a) If a UCFE or UCX multiclaimgant appeal is decided, report as a separate population and manually validate the 5130 report.

Table A.8.2

Relationship between ETA AR5130 Report Cells and Subpopulations in Population 8

SECTION A. Single Claimant and Multiclaimage Appeals Case Decisions and Other Dispositions

	UI Decisions	UCFE-No UI Decisions	UCX Only Decisions
Line No.	Lower Authority (1)	Lower Authority (3)	Lower Authority (5)
100	1-40 45-52 54-55	41-42 ^a	43-44 ^a

SECTION B. Claimants Involved in State UI Appeals Cases by Status of Appeals

		Single Claimant Appeals	Multi-Claimant Appeals
Line No.	Status of Appeals	Lower Authority (8)	Lower Authority (10)
210	Disposed of During Month by Decision	1-40 54-55 ^b	45-53

SECTION C. State UI Appeals Decisions by Type of Appellant

		Claimant	Employer	Other
Line No.	UI Appeals Decisions	Lower Authority (14)	Lower Authority (16)	Lower Authority (18)
300	Total	1, 3, 5, 7 9, 11, 13, 15 17, 19, 21, 23 25, 27, 29, 31 33, 35, 37, 39 45, 47, 49, 51	2, 4, 6, 8 10, 12, 14, 16 18, 20, 22, 24 26, 28, 30, 32 34, 36, 38, 40 46, 48, 50, 52	54-55
310	In favor of Appellant	1, 5, 9, 13 17, 21, 25, 29 33, 37, 45, 49	2, 6, 10, 14 18, 22, 26, 30 34, 38, 46, 50	54

SECTION D. Number of Lower Authority State UI Appeals Decisions by Issue

Line No.	Voluntary Quit (21)	Misconduct (22)	Refusal of Suitable Work (23)	Not Able or Available (24)	Labor Dispute (25)	Other (26)
400	1-8	9-16	17-24	25-32	45-48	33-40 49-52

^aAlso includes multiclaimage UCFE and UCX decision subpopulations that are not listed.^bSingle claimant only^cMulticlaimage only

Table A.8.3

Relationship between ETA 9054A Report Cells and Subpopulations in Population 8

Section A. Lower Authority Appeals Time Lapse from Date Filed to Decision Date

Days	Intrastate	Interstate
Total	C2	C3
	1-4	5-8
	9-12	13-16
	17-20	21-24
	25-28	29-32
	33-36	37-40
	41, 43	42, 44
	45-52	
	54-55	

Table A.9.1
Population 9 Subpopulations
Higher Authority Appeals Decisions,
Decision Date Falls within Reporting/Validation Period

Subpop #	Report, Line, and Column	2 (Step 1F) (Rule 1)	3 (Step 1F) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24B) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) (Rules 3 and 5)	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaimeant)	Number of Claimants in Multiclaimeant Appeal	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision
SINGLE CLAIMANT HIGHER AUTHORITY APPEALS DECISIONS (9.1 through 9.12)														
1) Random sample: 30 or 100 (includes review of folders); 2) Supplemental sample--outliers														
9.1	ar5130: A 100-2 B 210-9 ar5130C: 300-15 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	S	Must be blank or 0	Claimant	Y	Required	Required	
9.2	ar5130: A 100-2 B 210-9 ar5130C: 300-17 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	S	Must be blank or 0	Employer	Y	Required	Required	
9.3	ar5130: A 100-2 B 210-9 ar5130C-300-15 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	S	Must be blank or 0	Claimant	N	Required	Required	
9.4	ar5130: A 100-2 B 210-9 ar5130C-300-17 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	S	Must be blank or 0	Employer	N	Required	Required	
9.5	ar5130: A 100-2 B 210-9 ar5130C: 300-15 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	S	Must be blank or 0	Claimant	Y	Required	Required	

Subpop #	Report, Line, and Column	2 (Step 1F) (Rule 1)	3 (Step 1F) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24B) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) (Rules 3 and 5)	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaimeant)	Number of Claimants in Multiclaimeant Appeal	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision
9.6	ar5130: A 100-2 B 210-9 ar5130C: 300-17 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	S	Must be blank or 0	Employer	Y	Required	Required	
9.7	ar5130: A 100-2 B 210-9 ar5130C-300-15 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	S	Must be blank or 0	Claimant	N	Required	Required	
9.8	ar5130: A 100-2 B 210-9 ar5130C-300-17 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	S	Must be blank or 0	Employer	N	Required	Required	
9.9 ^a	ar5130A-100-4 9054B-C2	Required	Required	Regular UI or Workshare	UCFE	Intrastate	Higher	S	Must be blank or 0					
9.10 ^a	ar5130A-100-4 9054B-C3	Required	Required	Regular UI or Workshare	UCFE	Interstate	Higher	S	Must be blank or 0					
9.11 ^a	ar5130A-100-6 9054B-C2	Required	Required	Regular UI or Workshare	UCX	Intrastate	Higher	S	Must be blank or 0					
9.12 ^a	ar5130A-100-6 9054B-C3	Required	Required	Regular UI or Workshare	UCX	Interstate	Higher	S	Must be blank or 0					

Subpop #	Report, Line, and Column	2 (Step 1F) (Rule 1)	3 (Step 1F) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24B) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) (Rules 3 and 5)	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaimgant)	Number of Claimants in Multiclaimgant Appeal	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision
MULTI-CLAIMANT HIGHER AUTHORITY APPEALS DECISIONS (9.13 through 9.23)														
1) Minimum sample: First two cases from each subpopulation (includes review of folders)														
9.13	ar5130: A 100-2 B 210-11 ar5130C: 300-15 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	M-1 or M-Lead	≥ 1	Claimant	Y	Required	Required	
9.14	ar5130: A 100-2 B 210-11 ar5130C: 300-17 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	M-1 or M-Lead	≥ 1	Employer	Y	Required	Required	
9.15	ar5130: A 100-2 B 210-11 ar5130C-300-15 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required	
9.16	ar5130: A 100-2 B 210-11 ar5130C-300-17 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	M-1 or M-Lead	≥ 1	Employer	N	Required	Required	
9.17	ar5130: A 100-2 B 210-11 ar5130C: 300-15 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	M-1 or M-Lead	≥ 1	Claimant	Y	Required	Required	
9.18	ar5130: A 100-2 B 210-11 ar5130C: 300-17 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	M-1 or M-Lead	≥ 1	Employer	Y	Required	Required	

Subpop #	Report, Line, and Column	2 (Step 1F) (Rule 1)	3 (Step 1F) (Rule 2)	4 (Step 2)	5 (Step 4)	6 (Step 5)	7 (Step 24B) (Rule 1)	8 (Step 25A) (Step 25B)	9 (Step 25B) (Rules 3 and 5)	10 (Step 26)	11 (Step 27A) (Step 27B)	12 (Step 32)	13 (Step 28)	14 (Step 30A) (Step 30B)
		SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal (Single or Multiclaimgant)	Number of Claimants in Multiclaimgant Appeal	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision
9.19	ar5130: A 100-2 B 210-11 ar5130C-300-15 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	M-1 or M-Lead	≥ 1	Claimant	N	Required	Required	
9.20	ar5130: A 100-2 B 210-11 ar5130C-300-17 9054B-C3	Required	Required	Regular UI or Workshare	UI	Interstate	Higher	M-1 or M-Lead	≥ 1	Employer	N	Required	Required	
9.21	ar5130B-210-11	Required	Required	Regular UI or Workshare	UI		Higher	M-Nonlead	1			Required	Required	
9.22	ar5130A: 100-2 ar5130B: 210-9 210-11 ar5130C: 300-19 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	S	Must be blank or 0	Other	Y or N	Required	Required	
9.23	ar5130A: 100-2 ar5130B: 210-9 210-11 ar5130C: 300-19 9054B-C2	Required	Required	Regular UI or Workshare	UI	Intrastate	Higher	M-1 or M-Lead	≥ 1	Other	Y or N	Required	Required	

^aIf a UCCE or UCX multiclaimgant appeal is decided, report as a separate population.

Table A.9.2

Relationship between ETA AR5130 Report Cells and Subpopulations in Population 9

SECTION A. Single Claimant and Multiclaimgant Appeals Case Decisions and Other Dispositions

	UI Decisions	UCFE-No UI Decisions	UCX Only Decisions
Line No.	Higher Authority (2)	Higher Authority (4)	Higher Authority (6)
100	1-8 13-20 22-23	9-10 ^a	11-12 ^a

SECTION B. Claimants Involved in State UI Appeals Cases by Status of Appeals

		Single Claimant Appeals	Multi-Claimant Appeals
Line No.	Status of Appeals	Higher Authority (9)	Higher Authority (11)
210	Disposed of During Month	1-8 22 ^b	13-21 23 ^c

SECTION C. State UI Appeals Decisions by Type of Appellant

		Claimant	Employer	Other
Line No.	UI Appeals Decisions	Higher Authority (15)	Higher Authority (17)	Higher Authority (19)
300	Total	1, 3 5, 7 13, 15 17, 19	2, 4 6, 8 14, 16 18, 20	22-23
310	In favor of Appellant	1, 5 13, 17	2, 6 14, 18	

^aAlso includes multiclaimgant UCFE and UCX decisions subpopulations that are not listed.^bSingle claimant only^cMulticlaimgant only**Table A.9.3**

Relationship between ETA 9054B Report Cells and Subpopulations in Population 9

SECTION B. Higher Authority Appeals Time Lapse from Date Filed to Decision Date

Days	Intrastate	Interstate
Total	C2	C3
	1-4 9, 11 13-16 22-23	5-8 10, 12 17-20

Populations 8 and 9 Notes

1. Column 8 (Step 23B), Multiclient appeals:

States will either store an individual record for each appeal or one record with the number of appellants. States that maintain a single record for multiclient appeals with a field for the number of claimants involved should insert a text prefix of “M-1” (for multi-one record) in the multi-claimant field.

States which maintain multiple records (one for each claimant) for a multi-claimant appeal should insert a text prefix of “M-Lead” for one of the records. Both of these types of records will be assigned to subpopulations 8.45 through 8.52 (lower authority) and 9.13 through 9.20 (higher authority). States which maintain multiple records should insert a text prefix of “M-Nonlead” in the multiclient field for the non-lead claimants. These records will be assigned to subpopulations 8.53 (lower authority) and 9.21 (higher authority).

2. Column 14 (Disposed of by Decision) is optional. States which have an indicator to distinguish countable from uncountable decisions should insert the value of the countable appeal indicator in this field to show that it is countable based on information in the appeals file

3. These populations include appeals for Short Time Compensation (STC) Program (workshare) claims. These records should be labeled as “Workshare” for “Type of UI Program.” See the software record layouts for more details.

4. Remanded cases by the higher authority are to be handled as follows. A case remanded to lower authority for the taking of additional evidence is not a decision. It thus does not belong in the Population 9 extract file until it is actually returned by the lower authority and then disposed of by the higher authority. A case that is remanded for a rehearing does involve a decision by the higher authority but it is neither in favor of the appellant nor not in favor of the appellant. Within the existing DV framework, the Population 9 record should be built as Not in Favor of the Appellant. If a large number of remanded cases causes the Population 9 validation to fail, note the number in the Comments field.

Table A.10.1
Population 10 Subpopulations
 Lower Authority Appeals Case Aging
 Appeals Pending at the End of the Month Being Validated
 Sort by Days Pending Within Each Category

Subpopulation #	ETA 9055 Column	2 (Step 1E) (Rule 1)	3 (Step 1E) (Rule 2)	4 (Step 24A)	5 (Step 30B) (Rule 1)	6 (Step 32)
LOWER AUTHORITY APPEALS CASE AGING (10.1 through 10.7)						
1) Supplemental sample--outliers						
10.1	Section 9055L – Age ≤ 25 days	Required	Required	Lower		Required*
10.2	Section 9055L – Age 26-40 days	Required	Required	LOWER		Required*
10.3	Section 9055L – Age 41-90 days	Required	Required	LOWER		Required*
10.4	Section 9055L – Age 91-120 days	Required	Required	Lower		Required*
10.5	Section 9055L – Age 121-180 days	Required	Required	Lower		Required*
10.6	Section 9055L – Age 181-360 days	Required	Required	Lower		Required*
10.7	Section 9055L – Age > 360 days	Required	Required	Lower		Required*

* Ages are calculated from this date to the last day of the report period being validated. The software groups the transactions into each subpopulation on the basis of the date ranges given in “ETA 9055 Column.”

Table A.10.2

Relationship between ETA 9055 Report Cells and Subpopulations in Population 10

Age of Pending Lower Authority Single Claimant Appeals Cases

DAYS	Total
Total	10.1-10.7
≤ 25	10.1
26-40	10.2
41-90	10.3
91-120	10.4
121-180	10.5
181-360	10.6
> 360	10.7

Table A.11.1
Population 11 Subpopulations
 Higher Authority Appeals Case Aging
 Appeals Pending at the End of the Month Being Validated
 Sort by Days Pending Within Each Category

Subpopulation #	ETA 9055 Column	2 (Step 1F) (Rule 1) SSN	3 (Step 1F) (Rule 2) Docket Number Unique ID	4 (Step 24B) Appeal Level	5 (Step 30B) Appeal Pending	6 (Step 32) Filed Date
HIGHER AUTHORITY APPEALS CASE AGING (11.1 through 11.6)						
1) Supplemental sample--outliers						
11.1	Section 9055H – Age ≤ 40 days	Required	Required	Higher		Required*
11.2	Section 9055H – Age 41-70 days	Required	Required	Higher		Required*
11.3	Section 9055H – Age 71-120 days	Required	Required	Higher		Required*
11.4	Section 9055H – Age 121-180 days	Required	Required	Higher		Required*
11.5	Section 9055H – Age 181-360 days	Required	Required	Higher		Required*
11.6	Section 9055H – Age > 360 days	Required	Required	Higher		Required*

* Ages are calculated from this date to the last day of the report period being validated. The software groups the transactions into each subpopulation on the basis of the date ranges given in "ETA 9055 Column."

Table A.11.2

Relationship between ETA 9055 Report Cells and Subpopulations in Population 11

Age of Pending Higher Authority Single Claimant Appeals Cases

Days	Total
Total	11.1-11.6
≤ 40	11.1
41-70	11.2
71-120	11.3
121-180	11.4
181-360	11.5
> 360	11.6

Populations 10 and 11 Notes

1. Capture the lower authority and higher authority appeals data at the end of the month.
2. Column 5 (Step 30B), Appeal Pending, is an optional field for both Populations 10 and 11.

Table A.12.1
Population 12 Subpopulations
Overpayments Established by Cause

Subpop #	ETA 227A Line and Column	2 (Step 1G) (Rule 1) SSN	3 (Step 1G) (Rule 2) Unique ID	4 (Step 4) Program Type	5 (Step 33) Type of Overpayment	6 (Step 34) Cause of Overpayment	7 (Step 36) Date Established	8 (Step 37A) UI Amount ^a	9 (Step 37B) Federal Amount ^a	10 (Step 37C) EB Amount ^a	11 (Step 45A) Accumulated UI Amount	12 (Step 45B) Accumulated Federal Amount	13 (Step 45C) Accumulated EB Amount	14 (Step 6A) (Step 6B) Date of Original Monetary
OVERPAYMENTS (12.1 through 12.27)														
1) Random Sample: 60 or 200 (includes review of folders); 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers by dollars														
12.1														
	101 (2, 4, 5) 112 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Fraud	Single Claimant	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required
12.2 ^b	101 (2, 4, 5) 102 (2, 4, 5) 112 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Fraud	Multi Claimant Schemes ^c	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required
12.3 ^b	104 (2, 4, 5) 113 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Reversals	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required
12.4 ^b	105 (2, 4, 5) 113 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	State Agency Errors ^c	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required
12.5 ^b	106 (2, 4, 5) 113 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Employer Errors ^c	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required
12.6 ^b	107 (2, 4, 5) 113 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Claimant Errors ^c	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required

Subpop #	ETA 227A Line and Column	2 (Step 1G) (Rule 1) SSN	3 (Step 1G) (Rule 2) Unique ID	4 (Step 4) Progr am Type	5 (Step 33) Type of Overpaym ent	6 (Step 34) Cause of Overpaym ent	7 (Step 36) Date Establis hed	8 (Step 37A) UI Amount ^a	9 (Step 37B) Federal Amount ^a	10 (Step 37C) EB Amount ^a	11 (Step 45A) Accumul ated UI Amount	12 (Step 45B) Accumulat ed Federal Amount	13 (Step 45C) Accumul ated EB Amount	14 (Step 6A) (Step 6B) Date of Original Monetary
12.7 ^b	108 (2, 4, 5) 113 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Other	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required
12.8 ^b	109 (4, 5)	Required	Required if State maintains a unique ID	UI	Penalty		Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0				Required
12.9	101 (3, 5) 112 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Single Claimant	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.10	101 (3, 5) 102 (3, 5) 112 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Multi Claimant Schemes ^c	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.11	104 (3, 5) 113 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Reversals	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.12	105 (3, 5) 113 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	State Agency Errors ^c	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.13	106 (3, 5) 113 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Employer Errors ^c	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.14	107 (3, 5) 113 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Claimant Errors ^c	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required

Subpop #	ETA 227A Line and Column	2 (Step 1G) (Rule 1) SSN	3 (Step 1G) (Rule 2) Unique ID	4 (Step 4) Progr am Type	5 (Step 33) Type of Overpaym ent	6 (Step 34) Cause of Overpaym ent	7 (Step 36) Date Establis hed	8 (Step 37A) UI Amount ^a	9 (Step 37B) Federal Amount ^a	10 (Step 37C) EB Amount ^a	11 (Step 45A) Accumul ated UI Amount	12 (Step 45B) Accumulat ed Federal Amount	13 (Step 45C) Accumul ated EB Amount	14 (Step 6A) (Step 6B) Date of Original Monetary
			Required if State maintains a unique ID	UCFE or UCX			Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.15	108 (3, 5) 113 (3, 5)	Required			Nonfraud	Other	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.16	109 (5)	Required	Required if State maintains a unique ID	UCFE or UCX	Penalty		Within the Quarter	Blank or 0	> 0	Blank or 0				Required
12.17 ^b	101 (2, 4, 5) 111 (2, 4, 5) 112 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Fraud	Agency Employee Benefit	Within the Quarter	> 0	> 0 if joint claim; otherwise blank or 0	Blank or 0			Blank or 0	Required
12.18	101 (3, 5) 111 (3, 5) 112 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Agency Employee Benefit	Within the Quarter	Blank or 0	> 0	Blank or 0	Blank or 0		Blank or 0	Required
12.19	101 (20, 21) 112 (20, 21)	Required	Required if State maintains a unique ID	EB	Fraud	Single Claimant	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required
12.20	101 (20, 21) 102 (20, 21) 112 (20, 21)	Required	Required if State maintains a unique ID	EB	Fraud	Multi Claimant Schemes ^c	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required
12.21	101 (20, 21) 111 (20, 21) 112 (20, 21)	Required	Required if State maintains a unique ID	EB	Fraud	Agency Employee Benefit	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required
12.22	104 (20, 21) 113 (20, 21)	Required	Required if State maintains a unique ID	EB	Nonfraud	Reversals	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required

Subpop #	ETA 227A Line and Column	2 (Step 1G) (Rule 1) SSN	3 (Step 1G) (Rule 2) Unique ID	4 (Step 4) Program Type	5 (Step 33) Type of Overpayment	6 (Step 34) Cause of Overpayment	7 (Step 36) Date Established	8 (Step 37A) UI Amount ^a	9 (Step 37B) Federal Amount ^a	10 (Step 37C) EB Amount ^a	11 (Step 45A) Accumulated UI Amount	12 (Step 45B) Accumulated Federal Amount	13 (Step 45C) Accumulated EB Amount	14 (Step 6A) (Step 6B) Date of Original Monetary
12.23	105 (20, 21) 113 (20, 21)	Required	Required if State maintains a unique ID	EB	Nonfraud	State Agency Errors ^c	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required
12.24	106 (20, 21) 113 (20, 21)	Required	Required if State maintains a unique ID	EB	Nonfraud	Employer Errors ^c	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required
12.25	107 (20, 21) 113 (20, 21)	Required	Required if State maintains a unique ID	EB	Nonfraud	Claimant Errors ^c	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required
12.26	108 (20, 21) 113 (20, 21)	Required	Required if State maintains a unique ID	EB	Nonfraud	Other	Within the Quarter	Blank or 0	Blank or 0	> 0	Blank or 0	Blank or 0		Required
12.27	109 (21)	Required	Required if State maintains a unique ID	EB	Penalty		Within the Quarter			> 0				Required

^a To accommodate the special case when there is a claim that has no amount for a type of overpayment in the validation quarter but has an accumulated amount from previous quarters that needs to be used to calculate a high dollar overpayment, the software will accept a zero or blank value in the UI Amount, Federal Amount and EB Amount fields, but the corresponding accumulated amount must be greater than zero.

^b For Subpopulations 12.1 through 12.8, and 12.17 the Federal amount is the Federal share of a joint UI-Federal claim.

^c These values are abbreviated in the record layout data format specifications (see Appendix A of ETA Operations Guide 411) but are shown here in their entirety for informational purposes.

Table A.12.2

Relationship between ETA 227 Report Cells and Subpopulations in Population 12

A. PAGE 1 OF FORM

A. OVERPAYMENT ESTABLISHED – CAUSES								
Cause	Line No.	No.	Number of Cases			Dollar Amounts		
		Schemes	UI	UCFE/UCX	EB	UI	UCFE/UCX	EB
		(1)	(2)	(3)	(20)	(4)	(5)	(21)
Fraud – Total	101		1, 2 and 17	9, 10 and 18	19, 20 and 21	1, 2 and 17	9, 10 and 18	19, 20 and 21
Multi Claimant Schemes	102		2	10	20	2	2 and 10	20
Cases of Agency Employee Benefit Fraud	111		17	18	21	17	17 and 18	21
High Dollar Fraud	112		1, 2 and 17	9, 10 and 18	19, 20 and 21	1, 2 and 17	1, 2, 9, 10, 17, and 18	19, 20 and 21
Nonfraud – Total	103							
	Reversals	104		3	11	22	3	3 and 11
	State Agency Errors	105		4	12	23	4	4 and 12
	Employer Errors	106		5	13	24	5	5 and 13
	Claimant Errors	107		6	14	25	6	6 and 14
	Other	108		7	15	26	7	7 and 15
High Dollar NonFraud	113		3-7	11-15	22-26	3-7	3-7 and 11-15	22-26
Penalty	109					8	8 and 16	27

Population 12 Notes

1. Subpopulations 12.1 – 12.8 and 12.17: Enter the Federal amount in Column 9 for joint claims.
2. Do not include revisions to overpayment amounts made in subsequent quarters. For example, if an overpayment was established in March and a revision to the amount was made in April, these revisions are reported in Population 13 as additions and subtractions but not reported in Population 12.
3. The “cause” of fraud overpayments must be either “Multiclient schemes” or “Single Claimant.” The software will reject records for fraud overpayments where the cause is

not “multiclaimeant schemes” or “Single Claimant.” States that use multiple codes for types of fraud committed by single claimants should use “Single Claimant.”

4. The accumulated amounts (i.e. fields Accumulated UI Amount, Accumulated Federal Amount, and Accumulated EB Amount) are used to calculate high dollar overpayments. Enter the total amount that the claim has from previous quarters that has not been counted already towards a high dollar overpayment in a previous quarter. For records belonging to the same claim, the accumulated amount should be the same. The software will add the accumulated amount only once.
5. To accommodate the special case when there is a claim that has no amount for a type of overpayment in the validation quarter but has an accumulated amount from previous quarters that needs to be used to calculate a high dollar overpayment, the software will accept a zero or blank value in the UI Amount, Federal Amount and EB Amount fields, but the corresponding accumulated amount must be greater than zero. For example, if the claim has a nonfraud amount but no fraud amount in the validation quarter, the validator needs to create a record with the accumulated fraud amount from previous quarters. The record should have the amount equal to zero, the accumulated amount greater than zero and any date within the validation quarter as the date established. The software will accept records with the amount equal to zero only if the accumulated amount is greater than zero. For example, if the Program Type is UI, and the UI Amount = 0, then Accumulated UI Amount > 0 and/or Accumulated Federal Amount > 0 if it's a joint claim. If Program Type is UCX or UCFE and Federal Amount = 0, then Accumulated Federal Amount > 0. If Program Type is EB, and EB Amount = 0, then Accumulated EB Amount > 0. This does not apply to Penalty records, for which the accumulated amounts are always optional because they are not used to calculate high dollar overpayments.

Table A.13.1
Population 13 Subpopulations
Overpayment Reconciliation Activities
Overpayment Reconciliation Transaction Occurred During
Reporting Quarter Being Validated
ETA 227 – Section C

		2 (Step 1H) (Rule 1)	3 (Step 1H) (Rule 2)	4 (Step 4) Program Type	5 (Step 33) Type of Overpayment	6 (Step 38) Type of Reconciliation Activity	7 (Step 39) Date of Reconciliation Activity	8 (Step 40A) UI Reconciliation Amount	9 (Step 40B) Federal Reconciliation Amount ^a	10 (Step 40C) EB Reconciliation Amount
Sub pop #	ETA 227C Line and Column	SSN	Unique ID							
OVERPAYMENT RECONCILIATION TRANSACTIONS (13.1 through 13.57)										
1) Random sample: 30 or 100 (includes review of folders); 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers by dollars										
13.1	303 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Cash	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.2	304 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Benefit Offset	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.3	305 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	State Income Tax Offset*	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.4	306 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	By Other State	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.5	307 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Other	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.6	309 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Write-Off	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.7	310 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Addition	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.8	311 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Subtraction	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0

		2 (Step 1H) (Rule 1)	3 (Step 1H) (Rule 2)	4 (Step 4)	5 (Step 33)	6 (Step 38)	7 (Step 39)	8 (Step 40A)	9 (Step 40B)	10 (Step 40C)
Sub pop #	ETA 227C Line and Column	SSN	Unique ID	Program Type	Type of Overpayment	Type of Reconciliation Activity	Date of Reconciliation Activity	UI Reconciliation Amount	Federal Reconciliation Amount ^a	EB Reconciliation Amount
13.9	303 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Cash	Required	Must be blank or 0	> 0	Must be blank or 0
13.10	304 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Benefit Offset	Required	Must be blank or 0	> 0	Must be blank or 0
13.11	305 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	State Income Tax Offset*	Required	Must be blank or 0	> 0	Must be blank or 0
13.12	306 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	By Other State	Required	Must be blank or 0	> 0	Must be blank or 0
13.13	307 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Other	Required	Must be blank or 0	> 0	Must be blank or 0
13.14	309 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Write-Off	Required	Must be blank or 0	> 0	Must be blank or 0
13.15	310 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Addition	Required	Must be blank or 0	> 0	Must be blank or 0
13.16	311 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Subtraction	Required	Must be blank or 0	> 0	Must be blank or 0
13.17	303 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Cash	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.18	304 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Benefit Offset	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.19	305 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	State Income Tax Offset*	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.20	306 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	By Other State	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0

		2 (Step 1H) (Rule 1)	3 (Step 1H) (Rule 2)	4 (Step 4)	5 (Step 33)	6 (Step 38)	7 (Step 39)	8 (Step 40A)	9 (Step 40B)	10 (Step 40C)
Sub pop #	ETA 227C Line and Column	SSN	Unique ID	Program Type	Type of Overpayment	Type of Reconciliation Activity	Date of Reconciliation Activity	UI Reconciliation Amount	Federal Reconciliation Amount ^a	EB Reconciliation Amount
13.21	307 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Other	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.22	308 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Waived	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.23	309 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Write-Off	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.24	310 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Addition	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.25	311 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Subtraction	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.26	303 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Cash	Required	Must be blank or 0	> 0	Must be blank or 0
13.27	304 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Benefit Offset	Required	Must be blank or 0	> 0	Must be blank or 0
13.28	305 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	State Income Tax Offset*	Required	Must be blank or 0	> 0	Must be blank or 0
13.29	306 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	By Other State	Required	Must be blank or 0	> 0	Must be blank or 0
13.30	307 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Other	Required	Must be blank or 0	> 0	Must be blank or 0
13.31	308 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Waived	Required	Must be blank or 0	> 0	Must be blank or 0
13.32	309 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Write-Off	Required	Must be blank or 0	> 0	Must be blank or 0

		2 (Step 1H) (Rule 1)	3 (Step 1H) (Rule 2)	4 (Step 4)	5 (Step 33)	6 (Step 38)	7 (Step 39)	8 (Step 40A)	9 (Step 40B)	10 (Step 40C)
Sub pop #	ETA 227C Line and Column	SSN	Unique ID	Program Type	Type of Overpayment	Type of Reconciliation Activity	Date of Reconciliation Activity	UI Reconciliation Amount	Federal Reconciliation Amount ^a	EB Reconciliation Amount
13.33	310 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Addition	Required	Must be blank or 0	> 0	Must be blank or 0
13.34	311 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Subtraction	Required	Must be blank or 0	> 0	Must be blank or 0
13.35	303 (22)	Required	Required if State maintains a unique ID	EB	Fraud	Cash	Required	Must be blank or 0	Must be blank or 0	> 0
13.36	304 (22)	Required	Required if State maintains a unique ID	EB	Fraud	Benefit Offset	Required	Must be blank or 0	Must be blank or 0	> 0
13.37	305 (22)	Required	Required if State maintains a unique ID	EB	Fraud	State Income Tax Offset*	Required	Must be blank or 0	Must be blank or 0	> 0
13.38	306 (22)	Required	Required if State maintains a unique ID	EB	Fraud	By Other State	Required	Must be blank or 0	Must be blank or 0	> 0
13.39	307 (22)	Required	Required if State maintains a unique ID	EB	Fraud	Other	Required	Must be blank or 0	Must be blank or 0	> 0
13.40	309 (22)	Required	Required if State maintains a unique ID	EB	Fraud	Write-Off	Required	Must be blank or 0	Must be blank or 0	> 0
13.41	310 (22)	Required	Required if State maintains a unique ID	EB	Fraud	Addition	Required	Must be blank or 0	Must be blank or 0	> 0
13.42	311 (22)	Required	Required if State maintains a unique ID	EB	Fraud	Subtraction	Required	Must be blank or 0	Must be blank or 0	> 0
13.43	303 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Cash	Required	Must be blank or 0	Must be blank or 0	> 0
13.44	304 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Benefit Offset	Required	Must be blank or 0	Must be blank or 0	> 0

		2 (Step 1H) (Rule 1)	3 (Step 1H) (Rule 2)	4 (Step 4)	5 (Step 33)	6 (Step 38)	7 (Step 39)	8 (Step 40A)	9 (Step 40B)	10 (Step 40C)
Sub pop #	ETA 227C Line and Column	SSN	Unique ID	Program Type	Type of Overpayment	Type of Reconciliation Activity	Date of Reconciliation Activity	UI Reconciliation Amount	Federal Reconciliation Amount ^a	EB Reconciliation Amount
13.45	305 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	State Income Tax Offset*	Required	Must be blank or 0	Must be blank or 0	> 0
13.46	306 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	By Other State	Required	Must be blank or 0	Must be blank or 0	> 0
13.47	307 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Other	Required	Must be blank or 0	Must be blank or 0	> 0
13.48	308 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Waived	Required	Must be blank or 0	Must be blank or 0	> 0
13.49	309 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Write-Off	Required	Must be blank or 0	Must be blank or 0	> 0
13.50	310 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Addition	Required	Must be blank or 0	Must be blank or 0	> 0
13.51	311 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Subtraction	Required	Must be blank or 0	Must be blank or 0	> 0
13.52	314 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Federal Income Tax Offset*	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.53	314 (12)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Federal Income Tax Offset*	Required	Must be blank or 0	> 0	Must be blank or 0
13.54	314 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Federal Income Tax Offset*	Required	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
13.55	314 (14)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Federal Income Tax Offset*	Required	Must be blank or 0	> 0	Must be blank or 0
13.56	314 (22)	Required	Required if State maintains a unique ID	EB	Fraud	Federal Income Tax Offset*	Required	Must be blank or 0	Must be blank or 0	> 0

Sub pop #	ETA 227C Line and Column	2	3	4	5	6	7	8	9	10
		(Step 1H) (Rule 1)	(Step 1H) (Rule 2)	(Step 4)	(Step 33)	(Step 38)	(Step 39)	(Step 40A)	(Step 40B)	(Step 40C)
		SSN	Unique ID	Program Type	Type of Overpayment	Type of Reconciliation Activity	Date of Reconciliation Activity	UI Reconciliation Amount	Federal Reconciliation Amount ^a	EB Reconciliation Amount
13.57	314 (23)	Required	Required if State maintains a unique ID	EB	Nonfraud	Federal Income Tax Offset*	Required	Must be blank or 0	Must be blank or 0	> 0

*These values are abbreviated in the record layout data format specifications (see Appendix A of ETA Operations Guide 411) but are shown here in their entirety for informational purposes.

^aFor Subpopulations 13.1 through 13.8, 13.17 through 13.25, 13.52, and 13.54 the Federal amount is the Federal share of a joint UI-Federal claim.

Table A.13.2

Relationship between ETA 227 Report Cells and Subpopulations in Population 13

C. PAGE 2 OF FORM

C. RECOVERY/RECONCILIATION								
		Line No.	Dollar Amount					
			Fraud		EB	Nonfraud		
			UI	UCFE/UCX		UI	UCFE/UCX	EB
			(11)	(12)		(13)	(14)	(23)
Recovered - Total		302						
	Cash	303	1	1 and 9	35	17	17 and 26	43
	Benefit Offset	304	2	2 and 10	36	18	18 and 27	44
	State Income Tax Offset	305	3	3 and 11	37	19	19 and 28	45
	Federal Income Tax Offset	314	52	52 and 53	56	54	54 and 55	57
	By Other States	306	4	4 and 12	38	20	20 and 29	46
	Other	307	5	5 and 13	39	21	21 and 30	47
Waived		308				22	22 and 31	48
Written-Off		309	6	6 and 14	40	23	23 and 32	49
Additions		310	7	7 and 15	41	24	24 and 33	50
Subtractions		311	8	8 and 16	42	25	25 and 34	51

Population 13 Notes

1. Reconstructing this population requires a detailed transaction history file that associates activities (Column 6) with particular overpayment types (Column 5).
2. Subpopulations 13.1-13.8, 13.17-13.25, 13.52, and 13.54. Enter the Federal amount in Column 9 for joint claims (field number 9 on the record layout).

3. Column 6 (Type of Reconciliation Activity). Additions include payments made on previously removed balances. Otherwise, additions and subtractions reflect changes in the balance resulting from administrative decisions such as appeal reversals.

4. <i>The validation of Receivables Removed at the End of the Period occurs in Population 14.</i>
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Table A.14.1
Population 14 Subpopulations
Age of Overpayments

Sub pop #	ETA 227C ETA 227E Report, Line, and Column	2 (Step 1G) (Rule 1) SSN	3 (Step 1G) (Rule 2) Unique ID	4 (Step 3G) Date Established	5 (Step 4) Program Type	6 (Step 44) Active Collection	7 (Step 33) Type of Overpaym ent	8 (Step 42A) UI Balance at End of Qtr	9 (Step 42B) Federal Balance at End of Qtr	10 (Step 42C) EB Balance at End of Qtr
14.1	E501 (18, 19) Age ≤ 90 days	Required	Required if State maintains a unique ID	Required ^a	UI			> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.2	E502 (18, 19) Age 91-180 days	Required	Required if State maintains a unique ID	Required ^a	UI			> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.3	E503 (18, 19) Age 181-270 days	Required	Required if State maintains a unique ID	Required ^a	UI			> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.4	E504 (18, 19) Age 271-360 days	Required	Required if State maintains a unique ID	Required ^a	UI			> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.5	E505 (18, 19) Age 361-450 days	Required	Required if State maintains a unique ID	Required ^a	UI			> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.6	E506 (18, 19) Age > 450 days	Required	Required if State maintains a unique ID	Required ^a	UI	Y or N*		> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.7	E501 (19) Age ≤ 90 days	Required	Required if State maintains a unique ID	Required ^a	UCFE or UCX			Must be blank or 0	> 0	Must be blank or 0
14.8	E502 (19) Age 91-180 days	Required	Required if State maintains a unique ID	Required ^a	UCFE or UCX			Must be blank or 0	> 0	Must be blank or 0
14.9	E503 (19) Age 181-270 days	Required	Required if State maintains a unique ID	Required ^a	UCFE or UCX			Must be blank or 0	> 0	Must be blank or 0

Sub pop #	ETA 227C ETA 227E Report, Line, and Column	2 (Step 1G) (Rule 1) SSN	3 (Step 1G) (Rule 2) Unique ID	4 (Step 36) Date Established	5 (Step 4) Program Type	6 (Step 44) Active Collection	7 (Step 33) Type of Overpaym ent	8 (Step 42A) UI Balance at End of Qtr	9 (Step 42B) Federal Balance at End of Qtr	10 (Step 42C) EB Balance at End of Qtr
14.10	E504 (19) Age 271-360 days	Required	Required if State maintains a unique ID	Required ^a	UCFE or UCX			Must be blank or 0	> 0	Must be blank or 0
14.11	E505 (19) Age 361-450 days	Required	Required if State maintains a unique ID	Required ^a	UCFE or UCX			Must be blank or 0	> 0	Must be blank or 0
14.12	E506 (19) Age > 450 days	Required	Required if State maintains a unique ID	Required ^a	UCFE or UCX	Y or N*		Must be blank or 0	> 0	Must be blank or 0
14.13	C312 (11, 12)	Required	Required if State maintains a unique ID	Required ^b	UI	N or D*	Fraud	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.14	C312 (13, 14)	Required	Required if State maintains a unique ID	Required ^b	UI	N or D*	Nonfraud	> 0	> 0 if joint claim; otherwise blank or 0	Must be blank or 0
14.15	C312 (12)	Required	Required if State maintains a unique ID	Required ^b	UCFE or UCX	N or D*	Fraud	Must be blank or 0	> 0	Must be blank or 0
14.16	C312 (14)	Required	Required if State maintains a unique ID	Required ^b	UCFE or UCX	N or D*	Nonfraud	Must be blank or 0	> 0	Must be blank or 0
14.17	C312 (22)	Required	Required if State maintains a unique ID	Required ^b	EB	N or D*	Fraud	Must be blank or 0	Must be blank or 0	> 0
14.18	C312 (23)	Required	Required if State maintains a unique ID	Required ^b	EB	N or D*	Nonfraud	Must be blank or 0	Must be blank or 0	> 0
14.19	E501 (25) Age ≤ 90 days	Required	Required if State maintains a unique ID	Required ^a	EB			Must be blank or 0	Must be blank or 0	> 0
14.20	E502 (25) Age 91-180 days	Required	Required if State maintains a unique ID	Required ^a	EB			Must be blank or 0	Must be blank or 0	> 0
14.21	E503 (25) Age 181-270 days	Required	Required if State maintains a unique ID	Required ^a	EB			Must be blank or 0	Must be blank or 0	> 0
14.22	E504 (25) Age 271-360 days	Required	Required if State maintains a unique ID	Required ^a	EB			Must be blank or 0	Must be blank or 0	> 0
14.23	E505 (25) Age 361-450 days	Required	Required if State maintains a unique ID	Required ^a	EB			Must be blank or 0	Must be blank or 0	> 0
14.24	E506 (25) Age > 450 days	Required	Required if State maintains a unique ID	Required ^a	EB	Y or N*		Must be blank or 0	Must be blank or 0	> 0

Column 4:

^aAges are calculated from this date to the last day of the report period being validated. The software groups the transactions into each subpopulation on the basis of the date ranges given in “ETA 227C ETA 227E Report, Line, and Column.”

^bThese overpayments have been reported in line 506 (18,19) in at least 3 prior quarters.

Column 6:

Y* = Yes, overpayment in active collection throughout the report quarter. Overpayment records must be coded with N or Y as soon as they are old enough to be reported in E-506 (18 or 19)—Age 451+ days.

N = No, overpayment not in active collection at the end of the report quarter. Records of overpayments not in active collection must be coded with N as soon as they are old enough to be reported in E-506 (18 or 19)—Age 451+ days--and will be removed after having been reported in Section E for eight previous quarters.

D* = Dropped, overpayment not in active collection at the end of the report quarter after being in active collection throughout (or at least at the end of) the prior quarter and reported in Section E at least nine previous quarters.

Table A.14.2

Relationship between ETA 227 Report Cells and Subpopulations in Population 14

E. PAGE 3 OF FORM**SECTION E: AGING OF BENEFIT OVERPAYMENT ACCOUNTS**

Accounts Receivable	Line No.	Dollar Amounts		
		UI	UCFE/UCX	EB
		(18)	(19)	(25)
90 days or less	501	1	1 and 7	19
91 – 180 days	502	2	2 and 8	20
181 – 270 days	503	3	3 and 9	21
271 – 360 days	504	4	4 and 10	22
361 – 450 days	505	5	5 and 11	23
451 days or more	506	6	6 and 12	24
Total Accounts Receivable	507			

Table A.14.3

Relationship between ETA 227 Report Cells and Subpopulations in Population 14

C. PAGE 2 OF FORM**C. RECOVERY/RECONCILIATION**

	Line No.	Dollar Amount					
		Fraud			Nonfraud		
		UI	UCFE/UCX	EB	UI	UCFE/UCX	EB
		(11)	(12)	(22)	(13)	(14)	(23)
Receivables Removed at End of Period	312	13	13, 15	17	14	14, 16	18

Population 14 Notes

1. Population 14 has been designed to process a state's entire outstanding overpayments file and generate:
 - Section E of the ETA 227 Report (Age of Outstanding Overpayments)
 - Amounts removed on Section C of the ETA 227 Report (Overpayments Reconciliation Activities – Row 312)

The validation of amounts removed in Section C uses the population 14 file and not the population 13 file which validates Section C because removal is determined by examining outstanding overpayments.

The software will ignore any overpayments that are included in the extract file that are too old to be included in Section E and are not removed during the quarter.

Overpayments are not removed automatically when they have been included on the previous eight 227 reports. If the overpayment is in Active Collection status in the ninth quarter after it was established, it is not removed until the state indicates that it has dropped the Active Collection status.

Therefore, states must label each outstanding overpayment that has been reported on eight 227 reports in Column 6 (Active Collection) as either:

- Yes – in active collection. These overpayments will not be removed and will be included in section E (greater than 450 days).
 - No – not in active collection. These overpayments will be removed (not included in section E but included in Section C line 12) in the ninth quarter after the date established. Any overpayment greater than nine quarters old with a no in Column 7 is not included in Sections C or E.
 - Dropped – the overpayment has been reported for 9 or more quarters and was in active collection in the prior quarter but has been dropped during the report quarter from active collection status. These payments will be included in Section C line 12 as removed during the quarter.
2. Overpayment in Active Collection: Overpayments for which a payment schedule is established with the claimant or for which offsets are being collected.
 3. Section C of the ETA 227 report requires the amounts removed to be identified as fraud or non-fraud. Therefore, a value of fraud or non-fraud is required in Column 8 for overpayments which had been reported for eight quarters and are not in active collection or overpayments which had been reported for nine or more quarters and the state dropped active collection during the quarter.

Table A.15.1
Population 15 Subpopulations
Overpayments Established by Method

Subpop #	ETA 227B Line and Column	2 (Step 1G) (Rule 1)	3 (Step 1G) (Rule 2)	4 (Step 33)	5 (Step 35)	6 (Step 36) Date Established	7 (Step 37A) (Step 37B) Amount	8 (Step 46) Overpayment Established by Investigation
OVERPAYMENTS (15.01 through 15.21)								
1) Random Sample: 60 or 200 (includes review of folders); 2) Supplemental sample--missing strata								
15.01	202 (6)	Required	Required if State maintains a unique ID	Must be blank	Wage Crossmatch	Required	Must be blank or 0	N
15.02	203 (6)	Required	Required if State maintains a unique ID	Must be blank	IB Crossmatch	Required	Must be blank or 0	N
15.03	210 (6)	Required	Required if State maintains a unique ID	Must be blank	NDNH	Required	Must be blank or 0	N
15.04	204 (6)	Required	Required if State maintains a unique ID	Must be blank	SDNH	Required	Must be blank or 0	N
15.05	205 (6)	Required	Required if State maintains a unique ID	Must be blank	Multiclaimant	Required	Must be blank or 0	N
15.06	206 (6)	Required	Required if State maintains a unique ID	Must be blank	Special Project	Required	Must be blank or 0	N
15.07	202 (6, 7, 8)	Required	Required if State maintains a unique ID	Fraud	Wage Crossmatch	Required	> 0	Y
15.08	203 (6, 7, 8)	Required	Required if State maintains a unique ID	Fraud	IB Crossmatch	Required	> 0	Y
15.09	210 (6, 7, 8)	Required	Required if State maintains a unique ID	Fraud	NDNH	Required	> 0	Y
15.10	204 (6, 7, 8)	Required	Required if State maintains a unique ID	Fraud	SDNH	Required	> 0	Y
15.11	205 (6, 7, 8)	Required	Required if State maintains a unique ID	Fraud	Multiclaimant	Required	> 0	Y
15.12	206 (6, 7, 8)	Required	Required if State maintains a unique ID	Fraud	Special Project	Required	> 0	Y

Subpop #	ETA 227B Line and Column	2	3	4	5	6	7	8
		(Step 1G) (Rule 1)	(Step 1G) (Rule 2)	(Step 33)	(Step 35)	(Step 36) Date Established	(Step 37A) (Step 37B) Amount	(Step 46) Overpayment Established by Investigation
		SSN	Unique ID	Type of Overpayment	Detection Method	Date Established	Amount	Overpayment Established by Investigation
15.13	207 (7, 8)	Required	Required if State maintains a unique ID	Fraud	Other Controllable	Required	> 0	
15.14	208 (7, 8)	Required	Required if State maintains a unique ID	Fraud	Noncontrollable	Required	> 0	
15.15	202 (6, 9, 10)	Required	Required if State maintains a unique ID	Nonfraud	Wage Crossmatch	Required	> 0	Y
15.16	203 (6, 9, 10)	Required	Required if State maintains a unique ID	Nonfraud	IB Crossmatch	Required	> 0	Y
15.17	210 (6, 9, 10)	Required	Required if State maintains a unique ID	Nonfraud	NDNH	Required	> 0	Y
15.18	204 (6, 9, 10)	Required	Required if State maintains a unique ID	Nonfraud	SDNH	Required	> 0	Y
15.19	206 (6, 9, 10)	Required	Required if State maintains a unique ID	Nonfraud	Special Project	Required	> 0	Y
15.20	207 (9, 10)	Required	Required if State maintains a unique ID	Nonfraud	Other Controllable	Required	> 0	
15.21	208 (9, 10)	Required	Required if State maintains a unique ID	Nonfraud	Noncontrollable	Required	> 0	

Table A.15.2
Relationship between ETA 227 Report Cells and Subpopulations in Population 15

SECTION B. OVERPAYMENTS ESTABLISHED - METHODS OF DETECTION						
Method	Line No.	Number of Cases Investigated (6)	Fraud		NonFraud	
			Number of Cases (7)	Dollars (8)	Number of Cases (9)	Dollars (10)
Controllable - Total	201					
Wage/Benefit Crossmatch	202	1, 7, 15	7	7	15	15
IB Crossmatch	203	2, 8, 16	8	8	16	16
National Directory of New Hires	210	3, 9, 17	9	9	17	17
State Directory of New Hires	204	4, 10, 18	10	10	18	18
Multi-Claimant Scheme Systems	205	5, 11	11	11		
Special Project	206	6, 12, 19	12	12	19	19
Other	207		13	13	20	20
Noncontrollable - Total	208		14	14	21	21
Total - Controllable and Noncontrollable	209					

Population 15 Notes

1. Do not include revisions to overpayment amounts made in subsequent quarters. For example, if an overpayment was established in March and a revision to the amount was made in April, these revisions are reported in Population 13 as additions and subtractions but not reported in Population 15.
2. Subpopulations 15.13, 15.14, 15.20, 15.21. States are not required to report whether Other Controllable or Non-controllable overpayments were established by investigation and so Field 8, Established by Investigation, is optional for these overpayment detection types. A Non-controllable overpayment rarely involves an agency investigation.
3. Subpopulations 15.01-15.06. These represent potential or likely overpayments which, after investigation, were not established either because the investigation could not substantiate the existence of an overpayment or because the amount was too small for recovery to be cost-effective. An example of the former would be the investigation of SDNH, NDNH or other cross-match hits.