PAID CLAIMS ACCURACY
DATA COLLECTION INSTRUMENT (DCI)

State		Batch #		Sequence #		Sample Type	
SSN		Key Week	/ /	Investigator ID		Local Office	

b1	Method Info Obtained		e15	Dep Allowance Before	
b2	U.S. Citizen		e16	Dep Allowance After	
b3	Education		e17	Ind Code Primary Empl.	
b4	Voc/Tech School		e18	Mon. Redeterm. Before	
b5	Currently In Training		e19	Remain Balance	$
b6	Occ Code Last				
b7	Occ Code Usual		f1	KW Earnings Before	$
b8	Normal Hourly Wage	$	f2	KW Earnings After	$
b9	Occ Code Seeking		f3	Earn Deduct Before	$
b10	Lowest Hourly Wage	$	f4	Earn Deduct After	$
b11	Date of Birth	/ /	f5	Other Income Before	$
b12	Gender		f6	Other Income After	$
b13	Race/Ethnic		f7	Other Deduct Before	$
			f8	Other Deduct After	$
c1	Program Code		f9	First CWK Date	/ /
c2	Combined Wage Claim		f10	Date First Pay	/ /
c3	Benefit Year Begin	/ /	f11	KW File Method	
c4	Init Claim Filing Meth		f12	KW Certification	
c5	Benefit Rights Given		f13	Original Amount Paid	$
c6	ERPs				
c7	Last ERPs	/ /	g1	WS Requirement	
c8	Prior Nonsep Issues		g2	LE Reg Required	
c9	Prior Nonsep Disq		g3	LE Reg/Services	
			g4	LE Deferred	
d1	Reason Sep Before		g5	LE Referrals	
d2	Reason Sep After		g6	Regis Private Agency	
d3	Date Sep Before	/ /	g7	Priv Agency Refers	
d4	Date Sep After	/ /	g8	Union Status	
d5	Recall Status Before		g9	Union Referral Status	
d6	Recall Status After		g10	KW Contacts	
d7	Tax Rate Last Empl.		g11	Prior KW Contacts	
d8	Ind Code Last Empl.		g12	Contacts Inv	
			g13	Contacts Acceptable	
e1	BP Employers Before		g14	Contacts Unacceptable	
e2	BP Employers After		g15	Contacts Unverified	
e3	BP Wages Before	$			
e4	BP Wages After	$	h1	Action Code	
e5	High Qtr Wages Before	$	h2	Should Have Been Paid	$
e6	High Qtr Wages After	$	h3	Total Amount OP	$
e7	Weeks Worked Before		h4	Total Amount UP	$
e8	Weeks Worked After		h5	Total KW OP	$
e9	WBA Before	$	h6	Total KW UP	$
e10	WBA After	$	h7	Inv Completed	
e11	MBA Before	$	h8	Inv Completion Date	/ /
e12	MBA After	$	h9	Supv Review Completed	
e13	Dep Before		h10	Supv Completion Date	/ /
e14	Dep After		h11	Supervisor ID	

BENEFIT ACCURACY MEASUREMENT
DENIED CLAIMS ACCURACY
DATA COLLECTION INSTRUMENT (DCI)
Monetary Denial

1. Batch:	2. Sequence:	3. Sample Type: 2 Monetary Denial

	CLAIMANT INFORMATION:			MONETARY DATA:	
4	SSN:		42	Reason Mon. Det. Before:	
5	Claim Date:	/ /	43	Reason Mon. Det. After:	
6	Claim Type:		44	BP Emps. Before:	
7	State:		45	BP Emps. After:	
8	LO:		46	BP Wages Before:	$
9	Investigator ID:		47	BP Wages After:	$
10	Method Info Obt:		48	HQ Wages Before:	$
11	Citizen:		49	HQ Wages After:	$
12	Birth Date:	/ /	50	Wks. Worked Before:	
13	Gender:		51	Wks. Worked After:	
14	Ethnic/Race:		52	Depend. Before:	
15	Education:		53	Depend. After:	
16	Voc/Tech School:		54	Depend. Allow Before:	
17	Training Status:		55	Depend. Allow After:	
18	Usual Occ Code:		56	Mon. Redet.:	
19	Seeking Occ Code:				
20	Normal Hr. Wage:				
21	Lowest Hr. Wage:				
	BENEFIT YEAR INFORMATION:				
22	Program:				
23	CWC:				
24	Ben. Yr. Beg:	/ /			
25	Init. Clm. File Method:				
26	BRI:				
27	Ind. Code Primary Emp:				
28	Ind. Code Last Emp:			**CASE ACTION:**	
29	File Meth:		90	Action Flag:	
30	Orig. Amt. Paid:		91	Initial Det. Appealed:	
31	No. Wks. Denied, Before:		92	Result of Init. App:	
32	No. Wks. Denied, After:		93	Inv. Completed:	
33	WBA Before:		94	Inv. Comp. Date:	/ /
34	WBA After:		95	Supv. Rev. Completed:	
35	MBA Before:		96	Supv. Comp. Date:	/ /
36	MBA After:		97	Supv. ID:	

BENEFIT ACCURACY MEASUREMENT
DENIED CLAIMS ACCURACY
DATA COLLECTION INSTRUMENT (DCI) REPORT
Separation Denial

1. Batch:	2. Sequence:	3. Sample Type: 3- Separation Denial

CLAIMANT INFORMATION:			SEPARATION DATA:		
4	SSN:		57	Sep. Issue Number:	
5	Claim Date:	/ /	58	Reason Sep. Before:	
6	Claim Type:		59	Reason Sep. After:	
7	State:		60	Date Sep. Before:	/ /
8	LO:		61	Date Sep. After:	/ /
9	Investigator ID:				
10	Method Info Obt:				
11	Citizen:				
12	Birth Date:	/ /			
13	Gender:				
14	Ethnic/Race:				
15	Education:				
16	Voc/Tech School:				
17	Training Status:				
18	Usual Occ Code:				
19	Seeking Occ Code:				
20	Normal Hr. Wage:	$			
21	Lowest Hr. Wage:	$			
BENEFIT YEAR INFORMATION:					
22	Program:				
23	CWC:				
24	Ben. Yr. Beg:	/ /			
25	Init. Clm. File Method:				
26	BRI:				
27	Ind. Code Primary Emp:				
28	Ind. Code Last Emp:		CASE ACTION:		
29	File Meth:		90	Action Flag:	9
30	Orig. Amt. Paid:	$	91	Initial Det. Appealed:	0
31	No. Wks. Denied, Before:		92	Result of Init. App:	0
32	No. Wks. Denied, After:		93	Inv. Completed:	1
33	WBA Before:	$	94	Inv. Comp. Date:	/ /
34	WBA After:	$	95	Supv. Rev. Completed:	
35	MBA Before:	$	96	Supv. Comp. Date:	/ /
36	MBA After:	$	97	Supv. ID:	

DENIED CLAIMS ACCURACY
DATA COLLECTION INSTRUMENT (DCI)
Nonseparation Denial

1. Batch:	2. Sequence:	3. Sample Type: 4 - Nonseparation Denial

CLAIMANT INFORMATION:			NONSEPARATION DATA:		
4	SSN:		62	Nonsep. Issue Number:	
5	Claim Date:	/ /	63	Reason Nonsep. Before:	
6	Claim Type:		64	Reason Nonsep. After:	
7	State:		65	Recall Stat. Before:	
8	LO:		66	Recall Stat. After:	
9	Investigator ID:		67	Earnings Before:	$
10	Method Info Obt:		68	Earnings After:	$
11	Citizen:		69	Earn. Deduct. Before:	$
12	Birth Date:	/ /	70	Earn. Deduct. After:	$
13	Gender:		71	Other Deductible Inc. Before:	$
14	Ethnic/Race:		72	Other Deductible Inc. After:	$
15	Education:		73	Other Income Deductions Bef:	$
16	Voc/Tech School:		74	Other Income Deductions Aft:	$
17	Training Status:		75	WS Requirement:	
18	Usual Occ Code:		76	Contacts:	
19	Seeking Occ Code:		77	Prior Contacts:	
20	Normal Hr. Wage:	$	78	Contacts Inv:	
21	Lowest Hr. Wage:	$	79	Contacts Acc:	
BENEFIT YEAR INFORMATION:				Contacts Unacc:	
22	Program:		81	Contacts Unver:	
23	CWC:		82	LE Reg. Req:	
24	Ben. Yr. Beg:	/ /	83	LE Reg/Services:	
25	Init. Clm. File Method:		84	LE Defer:	
26	BRI:		85	LE Referrals:	
27	Ind. Code Primary Emp:		86	Regis. Priv. Agency:	
28	Ind. Code Last Emp:		87	Priv. Agency Referrals:	
29	File Meth:		88	Union Referral Status:	
30	Orig. Amt. Paid:	$	89	Union Refers:	
31	No. Wks. Denied, Before:		**CASE ACTION:**		
32	No. Wks. Denied, After:		90	Action Flag:	
33	WBA Before:	$	91	Initial Det. Appealed:	
34	WBA After:	$	92	Result of Init. App:	
35	MBA Before:	$	93	Inv. Completed:	
36	MBA After:	$	94	Inv. Comp. Date:	/ /
			95	Supv. Rev. Completed:	
			96	Supv. Comp. Date:	/ /
			97	Supv. ID:	

Benefit Accuracy Measurement Employer Verification Batch Seq Claim Type				
Claimant Name:				Claimant SSN:
Employer:			Employer Acct #:	Contact Person:
Employer Address:			Phone:	Fax:
Claimant Hired on:	Separated on:	Last Day Worked:	States worked in:	Other SSN or Name used: while employed in last three years? ☐ Yes ☐ No If Yes, provide it:
Claimant provided I-9 Employment Eligibility Verification Information	☐ - US Citizen ☐ -Alien Authorized to Work ☐ - Lawful Permanent Resident			Alien #
Payroll: frequency is? Circle answer Daily, Weekly, Biweekly, Semi-Monthly, Monthly, Commission		Pay Period begins on what day of the week? And ends on what day?		Pay Day is on what day?
Recall ☐ Yes ☐ No Date?	Claimant actively employed? ☐ Yes ☐ No	Rate of pay when employed $ Per:		For requalification: total earnings since = $
Type of work (Check all that apply) ☐ Full time ☐ Part Time ☐ Contract worker ☐ Federal ☐ Military ☐ Seasonally				
Claimant Job title:	Claimant Job Responsibilities			
Circle Separation type: Quit / Fired or Discharged for Misconduct / Permanent layoff –Reduction In Force / Temporary layoff / Still working / Retirement / Discharge - no misconduct (unable to perform) / Other compelling reasons (i.e. move with spouse, family illness)				
Explain separations except lack of work/layoff.				

If wages were for any time period after last day worked, please complete the following:

TYPE OF PAY	$ AMOUNT	# OF WEEKS	DATES COVERED
Accrued Vacation			
Holiday \ Sick			
Last Pay Period			
Commission \ Bonus			
Wages in Lieu of Notice			
Severance \ Separation Pay			
Pension - Employer contribution plan? Yes or No			

BASE PERIOD YEAR – FROM (/ /) TO (/ /)

IMPORTANT: ***Please enter each pay period end date and gross pay for each payday in the quarter. If the amounts for all weeks do not match the original amount reported by you – please call!***	**Year/Quarter:**			**Year/Quarter:**		
	PAY PERIOD BEGIN AND END DATES	**PAYDAY**	**GROSS PAY**	**PAY PERIOD BEGIN AND END DATES**	**PAYDAY**	**GROSS PAY**
TOTAL AUDITED						

BASE PERIOD YEAR – FROM (/ /) TO (/ /)

IMPORTANT: *Please enter each pay period end date and gross pay for each payday in the quarter. If the amounts for all weeks do not match the original amount reported by you – please call!*	Year/Quarter:			Year/Quarter:		
	PAY PERIOD BEGIN AND END DATES	**PAYDAY**	**GROSS PAY**	**PAY PERIOD BEGIN AND END DATES**	**PAYDAY**	**GROSS PAY**
TOTAL AUDITED						

CLAIM BENEFIT YEAR EARNINGS – FROM (/ /) TO (/ /)

If you hired this person after the "from" date above, was this new hire reported to the New Hire Registry? ☐ Yes ☐ No.

If yes, when _____and to which state was the new hire reported _____.

If you did not report this person as a new hire, did you previously employ this person within the past 60 days? ☐ Yes ☐ No.

IMPORTANT: *Please enter each pay period end date and gross pay for each payday in the benefit claim period shown above. If the amounts for all weeks do not match the original amount reported by you – please call!*	**PAY PERIOD BEGIN AND END DATES**	**PAYDAY**	**GROSS PAY**	**PAY PERIOD BEGIN AND END DATES**	**PAYDAY**	**GROSS PAY**
TOTAL AUDITED						

I certify that the above information is correct to the best of my knowledge and belief.

Employer's signature:	Title:	Date:

Official Use Only

Auditor's signature:	Phone: Fax:	Date Received:
Form completed:	Employer is:	Batch Seq# Type
Employer is represented by a third party:		