

(State)  
EMPLOYMENT SECURITY AGENCY

\_\_\_\_\_  
(transmittal date)

TO: Louisiana UCX/UCFE Claims Control Center  
1001 North 23rd Street  
P.O. Box 94246, Capitol Station  
Baton Rouge, Louisiana 70804-9246

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(transmittal No.)

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FROM: Mr./Mrs./Ms. \_\_\_\_\_ (sender's name) \_\_\_\_\_ (phone #) \_\_\_\_\_ (State code)

SUBJECT: TRANSMITTAL OF UCX-DD 214/UCFE CLAIMS CONTROL INQUIRIES

Enclosed are UCX/UCFE claims control inquiries for \_\_\_\_\_  
(State name)

Specifications:

Each record is 80 bytes.

Number of UCX inquiry records: \_\_\_\_\_

Number of UCX Cancel Requests: \_\_\_\_\_

Number of UCFE inquiry records: \_\_\_\_\_

Number of UCFE Cancel Requests: \_\_\_\_\_

(TOTAL RECS)

All tapes must have external labels.  
Record length (LRECL) is 80 characters.  
Block size (BLKSIZE) is 200 records.  
Record format (RECFM) is fixed blocked (FB).  
Tape label is (check one): OS/Standard ( ) or None ( ).  
Tape Density is (check one): 1600 BPI ( ) or 6250 BPI ( ).  
Data Set Name (DSN) is: \_\_\_\_\_

Tape Number (VOL=SER=) is:

Machine type is check one: \_\_\_\_\_  
IBM/compatible ( ), UNISYS ( ),  
Other ( ) specify: \_\_\_\_\_

Attached are copies of both the external and tape label.