

LIABLE/AGENT DATA TRANSFER RECORD - Revised 10/96

1. Initial Claims Data Exchange

a. Interstate Initial Claims. At the end of each report week, each State will report data to the residence/agent State, with respect to each liable initial claim, including transitionals, filed directly with the liable State. The liable State will also report data with respect to reopened claims and claims transferred from the intrastate to the interstate program and transfers from one agent/residence State to another.

The data reported for all initial claims, reopened claims and claim transfers will include the "claimant characteristics" and the claimant's address. In reporting this data, the residence State is assumed to be the agent State unless: 1) the initial claim being reported is an additional claim and the liable State has on file an identifiable agent State that is different from the residence State; and 2) there is no change in the claimant's address at the time of the additional claim. If there is an address change, the new agent State Federal Information Processing Standard (FIPS) Code should be recorded for the record.

Initial claims will be reported in Field 30 for claims taken during the report week only and will not be reported again. When an initial claim (new, additional, or transitional) is reported, entries will be required for Fields 1,2,3,4,5,6, 7,8,13,14,15,16,18,19,22,25,26,27,28,29,30,45 and 46. Fields 9,10,11, and 12 will be completed when the liable State can provide a residence address that is different from the mailing address. If the State has elected to provide the County FIPS Code (Field 23) or Town FIPS Code (Field 24 - for New England States) on the weeks claimed data record, this field should also be completed in the initial claims data record.

2. Reopened Claim/Transfer of Claim. At the end of each report week, each State will report data to the residence/agent State with respect to each reopened claim and each claim where there is a change in the residence/agent State.

A reopened or transfer of claim will be reported, in Field 59, for claims reopened or transferred (transferred from intrastate to interstate or transferred from residence/agent State to another) during the report week only and will not be reported again. When a reopened claim or transfer of claim is reported in Field 59, entries will be required for fields 1,2,3,4,5,6,7,8,13,14,15,16,18,19,22,25,26,27,28, 29,30,45 and 46. Field 30 will be filled with a zero. Fields 9,10,11, and 12 will be completed when the liable State can provide a residence address that is different from

the mailing address. If the State has elected to provide the County (Field 23) or Town (Field 24 for New England States) on the weeks claimed data record, this field should also be completed in the reopened claim or transfer of claim report.

3. Weeks Claimed Data Exchange

a. Interstate Weeks Claimed. The liable State will report all weeks claimed with respect to all interstate claims filed from a State whether directly with the liable State (via remote electronic procedures or mail) or through the agent State. When a week claimed is reported in Field 52, entries will be required for fields 1,8,14,15,16,18,20,22,27,28,29,45,46,53 and 61. In addition, Fields 5,6 and 7 to provide the claimant's mailing address, or Field 23 (Field 24 for coding Towns for the New England States) to provide residence FIPS codes, are required. Fields 9,10,11, and 12 will be completed when the liable State can provide a residence address that is different from the mailing address.

b. Commuter Weeks Claimed. On the first Monday of each month, each State will transmit data with respect to each intrastate week claimed by a commuter for the week that includes the 12th of the month for the prior two months to the State of residence. States will follow the same procedures as apply to interstate weeks claimed except that the Field 58, "Commuter Identification Code", will be completed. When a week claimed is reported in Field 52, entries will be required for fields 1,8,14,15,16,18,22,27,28,29,45,46,53,58, and 61. In addition, Fields 5,6 and 7, to provide the claimant's mailing address or Field 23 or 24 (if coding Towns for New England States) to provide residence FIPS codes, are required. Fields 9,10,11, and 12 will be completed when the liable State can provide a residence address that is different from the mailing address.

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| FIELD NO. | CURRENT FIELD ** | FIELD NAME | FIELD TYPE | FIELD LENGTH | DESCRIPTION |
|-----------|------------------|-----------------------------|------------|--------------|-------------------------------------------------------------------------------------------------------------|
| * 1 | 1 | SOCIAL SECURITY NO. | N | 9 | Enter Claimant's Social Security Number. |
| * 2 | | CLT'S NAME - 1ST | A | 12 | Enter at least one alphabetic character. This is the claimant's first name. First position cannot be blank. |
| * 3 | | CLT'S NAME - MIDDLE INITIAL | A | 1 | Claimant's middle initial. |
| * 4 | | CLT'S NAME - LAST | A | 23 | Enter at least one alphabetic character. This is the claimant's last name. First position cannot be blank. |
| * 5 | | MAILING ADDRESS - STREET | A/N | 30 | Enter Claimant's - (Mailing) Street |
| * 6 | | MAILING ADDRESS - CITY | A | 19 | Enter Claimant's - (Mailing) City |
| * 7 | | MAILING ADDRESS - STATE | A/N | 2 | Enter Claimant's - (Mailing) State |
| * 8 | 19 | MAILING ADDRESS - ZIP CODE | N | 9 | Enter Claimant's - (Mailing) Zip code |
| * 9 | | RESIDENCE ADDRESS - STREET | A/N | 30 | Enter Claimant's - (Residence) Street |
| * 10 | | RESIDENCE ADDRESS - CITY | A | 19 | Enter Claimant's - (Residence) City |
| * 11 | | RESIDENCE ADDRESS - STATE | A/N | 2 | Enter Claimant's - (Residence) State |
| * 12 | | RESIDENCE ADDRESS- ZIP CODE | N | 9 | Enter Claimant's - (Residence) Zip code |
| * 13 | | CLAIMANT'S TELEPHONE NO. | N | 10 | Enter Area Code, Exchange, and Extension of the Claimant's Telephone Number. |

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| FIELD NO. | CURRENT FIELD | FIELD NAME | FIELD TYPE | FIELD LENGTH | DESCRIPTION |
|-----------|---------------|------------------------------|------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * 14 | 3 | YEAR OF BIRTH | N | 4 | Claimant's year of birth - Format is CCYY. "CC" (century) is not required at this time. Included for future use. |
| * 15 | 2 | SEX | N | 1 | Enter the sex of the claimant. 1 = Male 2 = Female 3 = Unknown |
| * 16 | 8 | ETHNIC | N | 1 | Claimant's Ethnic Code. 1 = White, not Hispanic 2 = Black, not Hispanic 3 = Hispanic 4 = American Indian/Alaskan Native 5 = Asian/Pacific Islander 6 = Information not available |
| 17 | | EDUCATION | N | 2 | Highest Grade Completed. 1 - 12 = Actual grade completed (12 = GED) 13 = 1 year of college or technical school 14 = 2 years of college or Associate degree/tech sch 15 = 3 years of college 16 = 4 years of college or Undergraduate degree 17 = 1 year post graduate study 18 = 2 years of post graduate study or Masters degree 19 = Doctorate |
| * 18 | 16 | LIABLE STATE FIPS | N | 2 | Liabile State FIPS Code. The Liabile State cannot be the same as the Agent State. |
| * 19 | | LIABLE STATE OFFICE NO. | N | 4 | Liabile Office where the claimant filed the claim. |
| * 20 | 18 | AGENT STATE FIPS | N | 2 | Agent State FIPS Code. The Agent State cannot be the same as the Liabile State. |
| * 21 | 12 | AGENT STATE LOCAL OFFICE NO. | N | 4 | Local Office where the claimant filed the claim. If no local office involved, enter zeros. |

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|-----------|------------------|--------------------------|------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * 22 | 9 | RESIDENCE STATE FIPS | N | 2 | Residence State FIPS Code. The Residence State cannot be the same as the Liable State. |
| * 23 | 10 | RESIDENCE COUNTY FIPS | N | 3 | Residence County FIPS Code. |
| * 24 | 11 | RESIDENCE CITY/TOWN FIPS | N | 4 | Residence City/Town FIPS Code. |
| * 25 | | DATE CLAIM TAKEN | N | 8 | Enter the date the claim was taken. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| * 26 | | EFFECTIVE DATE OF CLAIM | N | 8 | Enter effective date of the claim. Correlates with today's date, backdate reason, and liable State. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| * 27 | 13 | PROGRAM TYPE | N | 1 | Enter the program type: 1 = UI 5 = UCFE 7 = UCX |
| * 28 | 14 | ENTITLEMENT | N | 1 | Enter the entitlement type: 0 = Regular 1 = Extended Benefits (EB) 2 = Federal Benefit Extension 3 = Additional Benefits (AB) |
| * 29 | 4 | DOT (SOC) CODE | N | 4 | Claimant's Occupational Code. Left justify 3 digit code and zero fill 4th byte. |
| * 30 | | INITIAL CLAIM | N | 1 | Enter Status of Claim: 1 = New 2 = Additional 3 = Transitional Enter zeros if no initial claim is being reported. |
| 31 | | BYB | N | 8 | Benefit Year Beginning date. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |

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|-----------|---------------|-----------------------------------|------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32 | | BYE | N | 8 | Benefit Year Ending date. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| 33 | | WBA | N | 3 | Weekly Benefit Amount (Include Dependents Allowance). |
| 34 | | MBA | N | 5 | Maximum Benefit Amount (Include Dependents Allowance). |
| 35 | | BASE PERIOD WAGES - 1st qtr | N | 7 | Enter BP Wages for 1st qtr. |
| 36 | | BASE PERIOD WAGES - 2nd qtr | N | 7 | Enter BP Wages for 2nd qtr. |
| 37 | | BASE PERIOD WAGES - 3rd qtr | N | 7 | Enter BP Wages for 3rd qtr. |
| 38 | | BASE PERIOD WAGES - 4th qtr | N | 7 | Enter BP Wages for 4th qtr. |
| 39 | | BASE PERIOD WAGES - 5th qtr | N | 7 | Enter BP Wages for 5th qtr. |
| 40 | | BASE PERIOD WAGES - TOTAL | N | 8 | Enter Total BP Wages for all qtrs. |
| 41 | | SIC (Employer with Most Wages) | N | 6 | Standard Industrial Classification of the Claimant's Employer for which he/she had the most wages. Left justify 4 digit code and zero fill last 2 bytes. |
| 42 | | LAST EMPLOYER - NAME | A/N | 30 | Enter name of Last Employer. |
| 43 | | DATE EMPLOYMENT BEGAN | N | 8 | Enter date employment began with Last Employer. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| 44 | | DATE EMPLOYMENT ENDED | N | 8 | Enter date Employment ended with Last Employer. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |

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|-----------|----|--------------------------------|------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * 45 | 5 | LAST EMPLOYER - SIC | N | 6 | Standard Industrial Code of the Claimants Last Employer. If n/a, use primary base period employer. |
| * 46 | 6 | LAST EMPLOYER - OWNERSHIP CODE | N | 1 | Valid entries are '1' through '5'. Default is '5'. |
| 47 | | SEPARATION | N | 1 | Separation: 1 = Permanent 2 = Temporary |
| 48 | | RECALL DATE | N | 8 | Enter date claimant is to return to work. If no recall date, enter zeros. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| 49 | | UNION | A | 1 | Y = Yes N = No |
| 50 | | US CITIZENSHIP | A | 1 | Y = Yes N = No |
| 51 | | ALIEN REG. NO. | A/N | 20 | Enter claimant's Alien Registration Number, if applicable and available. |
| * 52 | 17 | WEEK ENDING DATE | N | 8 | Week ending date of week claimed. Format is CCYYMMDD. "CC" (century) is not required at this time. Zero fill Included for future use. |
| * 53 | 15 | EARNINGS DURING WEEK CLAIMED | A | 1 | X = Yes. Indicates that claimant had earnings during the week claimed. Space = no.. |
| 54 | | DATE 1ST PAYMENT ISSUED | N | 8 | Enter the date the first payment was issued. Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |
| 55 | | EXHAUSTEE | A | 1 | X = Yes. Complete only upon exhaustion. Space = no. |
| 56 | | WEEKS COMPENSATED | N | 2 | Enter the number of weeks compensated during the benefit year. |

| FIELD NO. | | FIELD NAME | FIELD TYPE | FIELD LENGTH | DESCRIPTION |
|-----------|----|---------------------------------|------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 57 | | \$ AMOUNT OF BENEFITS PAID | N | 7 | Enter the total amount of benefits paid during the benefit year. |
| * 58 | | COMMUTER IDENTIFICATION CODE | A | 1 | X = Yes. Complete to identify claims filed by commuters from residence State. Space = no. |
| * 59 | | REOPEN CLAIM/ TRANSFER OF CLAIM | N | 1 | 1 = Reopen claim. Complete when there is a break in claims series not caused by employment. 2 = Transfer of Claim. Complete, when there is a change in the Residence/Agent State with no break in claim series. 0 = neither. |
| 60 | | FILLER | A/N | 59 | (For future use) |
| * 61 | 21 | PROCESS DATE | N | 8 | Format is CCYYMMDD. "CC" (century) is not required at this time. Included for future use. |

NOTE: If you are not entering valid data in a field, initialize the numeric field with zeros and the alpha/numeric field with spaces.

* Indicates data elements that State must be able to send and receive.

** This column shows the data elements (with the current field identified) that are currently being transmitted, except that the date fields have been expanded to include the century.

Non-asterisked fields will be identified on the new record for potential future use (exchange of this information will not be implemented at this time.)