

<b>U.S. Department of Labor Employment and Training Administration Washington, D.C. 20210</b>	<b>CLASSIFICATION</b> UI/SQSP
	<b>CORRESPONDENCE SYMBOL</b> DPM
	<b>DATE</b> August 1, 2005

**ADVISORY:** UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 28-05

**TO:** STATE WORKFORCE AGENCIES

**FROM:** CHERYL ATKINSON s/s  
Administrator  
Office of Workforce Security

**SUBJECT:** Reauthorization of the Unemployment Insurance (UI) State Quality Service Plan (SQSP)

1. **Purpose.** To announce approval by the Office of Management and Budget (OMB) to extend data collection to support the UI SQSP through June 30, 2008.
2. **Reference.** Title III, Section 303 of the Social Security Act (SSA); and Employment & Training Administration (ETA) Handbook 336.
3. **Background.** The SQSP serves two purposes: (a) it is the state annual UI performance management and service plan; and (b) it is the grant document through which states receive Federal UI administrative funding. General SQSP instructions are in ET Handbook No. 336.
4. **OMB Approval.** This reporting instruction has been approved under the Paperwork Reduction Act of 1995, under OMB No.1205-0132 through June 30, 2008. The respondents' obligation to comply with the reporting requirements is mandatory (Section 303(a)(6), SSA). Persons are not required to respond to this collection of information unless it displays a currently valid OMB number.
5. **Burden Disclosure.** State Workforce Agency reporting burden for this collection of information is estimated to average 3.14 hours per response including the time for reviewing instructions, searching existing data sources, and gathering and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0132).

<b>RESCISSIONS</b> None	<b>EXPIRATION DATE</b> August 30, 2006
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6. **Action Required.** State Administrators are requested to provide the above information to appropriate staff.

7. **Inquiries.** Inquiries should be directed to the appropriate Regional Office.