APPENDIX I

UI BENEFITS RECORD LAYOUTS

EXPLANATION OF UI BENEFITS DATA FORMATS

There are 5 types of data formats referred to in Appendix A and Appendix I.

1. Required. These fields cannot be blank. They may be mandatory dates and dollar values.

2. Text. These fields have text values that must be entered, such as UI, partial, voluntary quit, etc. All of the allowable generic text values for each field are listed in the record layout. The generic text values must be followed by a dash and the corresponding state-specific value.

3. Optional (these fields are gray in Appendix A). The software does not look at these fields at all. Any values can be entered or they can be left blank.

4. Must be blank. These are text or date fields where the presence of data indicates an error. Therefore, they must be left blank (such as monetary date where the subpopulation is 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 where the presence of data other than "0" indicates an error.

Some values are abbreviated in the record layouts (Appendix I) but are shown in the report validation specifications (Appendix A) in their entirety for informational purposes.

Notes:

For most steps referenced in Appendix A column headers, Rule 1 is the indicator in the state system. However, if a state does not maintain the indicator specified in Rule 1, then the state programmer must review the other rules in that step in order to develop the required validation logic.

Unique ID is required for populations 2, 4, 6, 7, 8, 9, 10, and 11 and optional for populations 5, 12, 13, and 14 because not all states maintain the indicators for these four populations. There is no unique ID field for populations 1 and 3.

Federal Wages are required in certain situations. In population 4, for Joint UI/Federal payments UCFE amount and/or UCX amount is required. In population 4 for UCFE or UCFE/UCX payments, UCX amount is only required for joint UCFE and UCX claims. In populations 12, 13 and 14 federal amount is required for UI overpayments when there are also federal wages.

UI Benefits Record Layout for Population 1

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UI Program Type is 01, then the data format would be UI-01.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	Claim Week-ending Date	Step 1A - Rule 2	The week-ending date of the week claimed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
3	SSN	Step 1A - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
6	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2 Interstate Filed From Agent State: Step 5D - Rules 1 and 2	Intrastate, Interstate received as liable state, or Interstate filed from agent state.	Text - Intrastate Interstate liable Interstate agent (Required)	CHAR (30)	NOT NULL
7	Date Week Claimed	Step 11 - Rule 1	The date the week was claimed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL

UI Benefits Record Layout for Population 1

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
8	Monetarily Eligible or Pending	Step 11 - Rule 2	Claimant is monetarily eligible for benefits when the week was claimed and had not exhausted their benefits or pending, if there was no final determination of the claimant's monetary eligibility.	Text - Eligible Pending (Optional)	CHAR (30)	
9	Earnings	Step 11 - Rule 3	Earnings for the week claimed except for interstate filed from agent state claims.	Number - 0000000.00 (Required except optional for Interstate filed from agent state claims)	DECIMAL (9,2)	
10	WBA	Step 11 - Rule 3	Weekly benefit allowance	Number - 0000000.00 (Required)	DECIMAL (9,2)	NOT NULL
11	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 2

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UCFE is 5, then the data format would be UCFE-5.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		Sequential number, start at 1. Provides for a unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1C - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Check Number Unique ID	Step 1C - Rule 2	The check number or other unique ID.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
6	MBA	Step 9A and 9B - Rule 1	The maximum benefit allowance.	Number - 0000000.00 (Required)	DECIMAL (9,2)	NOT NULL
7	WBA	Step 7 - Rules 1 and 2	The weekly benefit allowance.	Number - 0000000.00 (Required)	DECIMAL (9,2)	NOT NULL
8	Actual Weeks of Duration	Step 9A - Rules 1 and 2	The number of actual weeks of duration of the claim.	Number - 00 (Required except optional for UCFE and UCX claims)	INTEGER	
9	Maximum Weeks of Duration	Steps 9B and 9C - Rule 1	The number of actual weeks of duration at the maximum or not.	Text - Y N (Required except optional for UCFE and UCX claims)	CHAR (20)	
10	Mail Date of Final Payment	Step 10C - Rule 3	The mail date of the final payment.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL

UI Benefits Record Layout for Population 2

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
11	Balance	Step 10C - Rule 2	The balance left on the claim at the time of the final payment.	Number - 0000000.00 (Required)	DECIMAL (9,2)	NOT NULL
12	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 3

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Transitional claim is T, then the data format would be TRANSITIONAL-T.

No.	***Field Name***	***Module 3 Reference***	***Field Description***	***Data Format***	***Data Type***	***Constraint***
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1B - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Date Claim Filed/IB-4 Sent	Step 3A - Rules 1 and 6 Step 3C - Rule 1	The date the claim was filed in person, by mail or telephone, or by other means.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 3

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
5	Type of Claim	New: Step 3A - Rule 2 Transitional: Step 3C - Rule 2 Entering Self-Employment: Step 3D - Rule 2 Additional: Step 3B - Rule 2 Reopened: Step 3B - Rule 7 New CWC claim: Step 3A - Rule 6 New CWC claim filed in prior quarter: Step 3A - Rule 7 New claim filed in prior quarter: Step 3A - Rule 5	New claim, Transitional claim, Entering self-employment, Additional claim, Reopened claim, New CWC claim, New CWC claim filed in a prior quarter, or New claim filed in a prior quarter.	Text - New Transitional Entering Self-Employment Additional Reopened CWC New Prior Qtr New CWC Prior Qtr New Claim (Required)	CHAR (30)	NOT NULL
6	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE or UCX.	Text - UI UCFE UCX (Required except optional for CWC and entering self-employment program claims)	CHAR (30)	

UI Benefits Record Layout for Population 3

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
7	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2 Interstate Taken as Agent State: Step 5C - Rules 1 and 2 Interstate Filed From Agent State: Step 5D - Rules 1 and 2 Intrastate CWC: Step 5E - Rules 1 and 2 Interstate CWC: Step 5F - Rules 1 through 4	Intrastate, Interstate received as liable, Interstate taken as agent, Interstate filed from agent state, Intrastate combined wage claim, or Interstate combined wage claim.	Text - Intrastate Interstate liable Interstate taken Interstate agent CWC Intrastate CWC Interstate (Required except optional for transitional claims, new claims filed during a prior quarter, and entering self-employment program claims)	CHAR (30)	
8	Date of Original Monetary	Step 6A - Rules 1 and 2 Step 6B - Rule 1	Date the original determination was made on whether the claimant has sufficient base-period wages and/or employment to establish a benefit year.	Date - MM/DD/YYYY (Required except must be blank for "No Monetary" claim and CWC claims with insufficient wages and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, and entering self-employment program claims)	DATE	

UI Benefits Record Layout for Population 3

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Sufficient/ Insufficient/ Combined Wages	Sufficient Wages: New Benefit Year: Step 6C - Rules 1 and 2 Sufficient Wages - No New Benefit Year: Step 6C - Rule 3 Insufficient Wages: Step 6D - Rule 1 New CWC Wages: Step 6C - Rule 4 No New CWC Wages: Step 6D - Rules 2 and 3	The status of the new UI or CWC claim at the time the 218 report was run: Sufficient-new benefit year established; Sufficient-no new benefit year established; Insufficient; Sufficient-new CWC benefit year established.	Text - Insufficient Sufficient New BY Sufficient No BY Sufficient New CWC BY (Required except must be blank for "No Monetary" claim and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, and entering self-employment program claims)	CHAR (30)	
10	WBA	Step 7 - Rules 1 and 2	Weekly benefit allowance is the maximum or less than maximum.	Text - Maximum Less than Maximum (Required except must be blank for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self-employment program claims) (States should include the WBA after the dash which follows the generic federal value.)	CHAR (30)	

UI Benefits Record Layout for Population 3

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
11	MBA	Steps 8A and 8B - Rule 1	Maximum benefit allowance	Number - 0000000.00 (Required except must be blank or 0 for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self-employment program claims)	DECIMAL (9,2)	
12	Potential Weeks of Duration	Step 8A - Rule 1	The number of full weeks of benefits for which a claimant is determined to be eligible within a benefit year.	Number - 00 (Required except must be blank or 0 for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self-employment program claims)	INTEGER	

UI Benefits Record Layout for Population 3

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
13	Potential Weeks Maximum Duration	Step 8B - Rules 1 and 2	The duration of the benefit year is or is not the maximum for the State.	Text - Y N (Required except must be blank for insufficient, sufficient but no benefit year, and "No Monetary" claim, and optional for UCFE, UCX, interstate filed from agent state, interstate taken as agent state, CWC, and entering self-employment program claims)	CHAR (20)	
14	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 3a

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Additional Claim is A, then the data format would be ADDITIONAL-A.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1B - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Date Claim Filed	Step 3B - Rule 1	The date the claim was filed in person, by mail or telephone.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Type of Claim	Additional: Step 3B - Rule 2	Additional claim.	Text - Additional (Required)	CHAR (20)	NOT NULL
6	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	Program type is UI, UCFE or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
7	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2	Claim is intrastate, or interstate received as liable.	Text - Intrastate Interstate liable (Required)	CHAR (30)	NOT NULL
8	Unclaimed Week	Step 3B - Rule 3	The week-ending date of the unclaimed week prior to the additional claim.	Date - MM/DD/YYYY (Optional)	DATE	

UI Benefits Record Layout for Population 3a

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
9	Separation Date	Step 3B - Rule 4	The date of separation from an employer since the last claim was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
10	Last Employer	Step 3B - Rule 5	The name of the separating employer.	Text (Required)	CHAR (50)	NOT NULL
11	Separation Reason	Step 3B - Rule 6	The reason for separation.	Text (Required)	CHAR (30)	NOT NULL
12	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 4

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Adjustment payment is 13, then the data format would be ADJUSTMENT-13.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1C - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Check Number Unique ID	Step 1C - Rule 2	The check number ID or other unique check ID. For offsets assign a unique ID number.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1	Regular UI claim.	Text - Regular UI (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX Only: Step 4C - Rule 1 UI/Federal: Step 4D - Rule 1 Self-Employment: Step 4E - Rule 1	Type of Program is UI only, UCFE, UCFE/UCX, UCX only, Joint UI/Federal, or Self-Employment.	Text - UI Only UCFE Only UCFE/UCX UCX Only Joint UI/Federal Self-employ (Required except optional for CWC payments)	CHAR (30)	

UI Benefits Record Layout for Population 4

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
6	Intrastate/ Interstate	Intrastate: Step 5A - Rule 1 Interstate Received as Liable State: Step 5B - Rule 1 Intrastate CWC: Step 5E - Rule 1 Interstate CWC: Step 5F - Rule 1	Intrastate, Interstate, Intrastate CWC, or Interstate CWC claim.	Text - Interstate Intrastate Intrastate CWC Interstate CWC (Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments)	CHAR (30)	
7	Type of Compensation	First: Step 10A - Rule 1 Continued: Step 10B - Rule 1 Adjustment: Step 10F - Rule 1 Prior Weeks Compensated: Step 10G - Rule 1	First Payment, Continued Payment, Adjustment, Self-Employment, Prior Weeks Compensated.	Text - First Payment Continued Payment Adjustment Self-Employment Prior Weeks Compensated (Required)	CHAR (50)	NOT NULL
8	Partial/Total Weeks of Unemployment	Partial: Step 10D - Rule 1 Total: Step 10E - Rule 1	Week of partial or total unemployment.	Text - Partial Total (Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments, and for self-employment and CWC payments)	CHAR (20)	
9	Earnings	Step 10D - Rule 2 Step 10E - Rule 2	The earnings for the week claimed.	Number - 0000000.00 (Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments, and self-employment and CWC payments)	DECIMAL (9,2)	

UI Benefits Record Layout for Population 4

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
10	WBA	Step 10D - Rule 3 Step 10E - Rule 3	The weekly benefit allowance.	Number - 0000000.00 (Required except optional for UCFE only, UCFE/UCX, and UCX only adjustments, and self-employment and CWC payments)	DECIMAL (9,2)	
11	UI Amount	Step 12A - Rule 1	The amount of benefits paid from State Unemployment Funds.	Number - 0000000.00 (Required except must be blank or 0 for UCFE only, UCFE/UCX, UCX only, self-employment, and CWC payments)	DECIMAL (9,2)	
12	UCFE Amount	Step 12B - Rule 1	The amount of benefits paid from Federal Funds.	Number - 0000000.00 (Required for UCFE only, Joint UI/Federal, and UCFE/UCX payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	
13	UCX Amount	Step 12C - Rule 1	The amount of benefits paid from military funds.	Number - 0000000.00 (Required for UCX only, Joint UI/Federal, and UCFE/UCX payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	

UI Benefits Record Layout for Population 4

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
14	CWC Amount	Step 12D - Rule 1	The amount of benefits paid for a combined wage claim payment.	Number - 0000000.00 (Required for all CWC payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	
15	Self-Employ Amount	Step 12E - Rule 1	The total dollars paid under the SEA program.	Number - 0000000.00 (Required for self-employment payments; must be blank or 0 for all other payment types)	DECIMAL (9,2)	
16	Week End Date	Step 13 - Rule 1	The week-ending date of the week compensated.	Date - MM/DD/YYYY (Required except optional for adjustment, self-employment, and all CWC payments with the exception of CWC first payments)	DATE	
17	Mail Date	Step 14 - Rule 1	The date on which the payment is actually mailed to the claimant.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
18	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 5

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UI Program Type is 01, then the data format would be UI-01.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*DataFormat*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1D - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Issue Number (Unique ID)	Step 1D - Rule 2	The unique issue number or other unique number assigned to the nonmonetary determination.	Number - 000000 (Required if State maintains a unique ID)	CHAR (50)	
4	Type of UI Program	Regular UI: Step 2A - Rule 1 Workshare: Step 2B - Rule 1	Regular UI claim or Workshare claim.	Text - Regular UI Workshare (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required except optional for multi-claimants)	CHAR (30)	
6	Intrastate/ Interstate	Intrastate: Step 5A - Rule 1 Interstate Received as Liable State: Step 5B - Rule 1	Intrastate or interstate.	Text - Intrastate Interstate (Required except optional for multi-claimants)	CHAR (30)	

UI Benefits Record Layout for Population 5

No.	Field Name	Module 3 Reference	Field Description	DataFormat	Data Type	Constraint
7	Determination/ Redetermination	Step 16A - Rule 1 Step 16B - Rule 1	The decision made by the authority on an issue was a determination or redetermination.	Text - Determination Redetermination (Required)	CHAR (30)	NOT NULL
8	Type of Determination	Step 17A - Rules 1 and 2 Step 17B - Rule 1	The determination was based upon facts related to an individual situation or to groups of similarly situated individuals.	Text - Single Multi (Required)	CHAR (20)	NOT NULL
9	Issue Types	VL: Step 18A - Rule 1 MC: Step 18B - Rule 1 Sep/Other: Step 18C - Rule 1 A & A: Step 18D - Rule 1 Ded. Income: Step 18E - Rule 1 Suitable Work: Step 18F - Rule 1 Reporting: Step 18G - Rule 1 Profiling: Step 18H - Rule 1 Other/Nonsep: Step 18I - Rule 1 Labor Dispute: Step 18J - Rule 1 Other Multiclaimaint Issues: Step 18K - Rule 1	The separating issue was voluntary leaving, misconduct, or other separation issue. The nonseparation issue was able and available for work, deductible income, suitable work refusal, reporting requirements, profiling, other nonseparation issue, or labor dispute or other multi-claimant issue.	Text - VL MC Sep/Other A & A Ded. Income Suitable Work Reporting Profiling Other Nonsep Labor Dispute Other Multiclaimant (Required)	CHAR (50)	NOT NULL
10	First Week Affected	Step 19 - Rules 1 and 2	The week-ending date of the first week in a claim series to which a notice of nonmonetary determination applies.	Date - MM/DD/YYYY (Required except optional for redeterminations)	DATE	

UI Benefits Record Layout for Population 5

No.	Field Name	Module 3 Reference	Field Description	DataFormat	Data Type	Constraint
11	Detection Date	Step 20 - Rule 1	The earliest date that the agency is in possession of information indicating the existence of a nonmonetary issue.	Date - MM/DD/YYYY (Required except optional for redeterminations)	DATE	
12	Notice Date	Step 21 - Rule 1	The date the determination notice is mailed or, if no notice is required, the date payment is authorized, waiting week credit is given, or an offset is applied.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
13	Allow or Deny	Step 23A - Rules 1 and 2 Step 23B - Rules 1 and 2	The outcome of the nonmonetary determination was an allow or a deny.	Text - Allow Deny (Required)	CHAR (20)	NOT NULL
14	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 6

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Single Claimant is N, then the data format would be S-N.

No.	***Field Name***	***Module 3 Reference***	***Field Description***	***Data Format***	***Data Type***	***Constraint***
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1E - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1E - Rule 2	The Docket Number of the lower authority appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24A - Rule 1	The appeal type was a lower authority appeal.	Text - Lower (Required)	CHAR (20)	NOT NULL
5	Type of Appeal (Single or Multiclaimant)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule 1	The appeals case involves one or more than one claimant.	Text - S M (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 6

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Number of Claimants	Step 25B - Rules 3 and 5	The number of claimants in a multiclaimant appeal. If the State stores a single record for a multi-claimant appeal with a field for the number of claimants, insert the number in this field. If the State stores a record for each claimant involved in a multi-claimant appeal, include all of the records in the file and insert a '1' in this field.	Number => 1 (Required for mutiple claimant appeals; optional for single claimant appeals)	INTEGER	
7	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 7

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Higher Authority Appeal is B, then the data format would be HIGHER-B.

No.	***Field Name***	***Module 3 Reference***	***Field Description***	***Data Format***	***Data Type***	***Constraint***
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1F - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1F - Rule 2	The Docket Number of the higher authority appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24B - Rule 1	The appeal type was a higher authority appeal.	Text - Higher (Required)	CHAR (20)	NOT NULL
5	Type of Appeal (Single or Multiclaimant)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule 1	The appeals case involves one or more than one claimant.	Text - S M (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 7

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Number of Claimants	Step 25B - Rules 3 and 5	The number of claimants in a multiclaimant appeal. If the State stores a single record for a multi-claimant appeal with a field for the number of claimants, insert the number in this field. If the State stores a record for each claimant involved in a multi-claimant appeal, include all of the records in the file and insert a '1' in this field.	Number => 1 (Required for mutiple claimant appeals; optional for single claimant appeals)	INTEGER	
7	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 8

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for UI Program Type is 01, then the data format would be UI-01.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1E - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1E - Rule 2	The Docket Number or other unique ID assigned to the appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1 Workshare: Step 2B - Rule 1	Regular UI claim or Workshare claim.	Text - Regular UI Workshare (Required)	CHAR (20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (20)	NOT NULL
6	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2	Intrastate or Interstate.	Text - Intrastate Interstate (Required)	CHAR (30)	NOT NULL
7	Appeal Level	Step 24A - Rule 1	The appeal type is a lower authority appeal.	Text - Lower (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 8

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
8	Type of Appeal (Single or Multiclaimant)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule 1	The determination is based upon facts related to an individual situation or to groups of similarly situated individuals. States which maintain a single record for multi-claimant appeals with a field for the number of claimants involved should insert a text prefix of 'M-1' for a multi-claimant appeal with only one record for the whole appeal. States which maintain multiple records (one for each claimant) for a multi-claimant appeal should designate one of the records as the lead claimant. States should insert a text prefix of 'M-Lead' in this field for the lead claimant record. Both of these types of records will be assigned to subpopulations 8.45 to 8.52 (lower) or 9.13 to 9.20 (higher). States which maintain multiple records should insert a prefix of 'M-Nonlead' in the multi-claimant field for the non-lead claimants. These records will be assigned to subpopulations 8.53 (lower) or 9.21 (higher).	Text - S M-1 M-Lead M-Nonlead (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 8

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Number of Claimants in Multiclaimant Appeal	Step 25B - Rules 3 and 5	The number of claimants involved in a multiclaimant appeal (could be one if separate records are provided for each participating claimant)	Number => 1 (Required for mutiple claimant appeals; must be blank or 0 for single claimant appeals)	INTEGER	
10	Appellant	Claimant: Step 26A - Rule 1 Employer: Step 26B - Rule 1 Other: Step 26C - Rule 1	The appellant is the claimant, employer, or other than claimant or employer.	Text - Claimant Employer Other (Required except optional for UCFE, UCX, and non-lead multi-claimant claims)	CHAR (20)	
11	In Favor of Appellant	In Favor: Step 27A - Rule 1 Not in Favor: Step 27B - Rule 1	The decision was or was not in favor of the appellant.	Text - Y N (Required except optional for UCFE, UCX, and non-lead multi-claimant claims)	CHAR (20)	
12	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
13	Decision Date	Step 28 - Rule 1	The date the decision was mailed to the interested parties concerned.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
14	Disposed of by Decision	By Decision: Step 30A - Rule 1 Not by Decision: Step 30B - Rule 1	The appeals case was disposed of by a written ruling.	Text - Y N (Optional)	CHAR (20)	

UI Benefits Record Layout for Population 8

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
15	Issue Code	VL: Step 31A - Rule 1 MC: Step 31B - Rule 1 Suit: Step 31C - Rule 1 A&A: Step 31D - Rule 1 Other: Step 31E - Rule 1 Labor Disp: Step 31F - Rule 1	The issue code of the appeal was voluntary leaving, misconduct, refusal of suitable work, able and available to work, other issues, or labor dispute.	Text - VL MC Suit A & A Other Labor Disp (Required except optional for UCFE and UCX claims)	CHAR (30)	
16	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 9

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for In Favor Of is F, then the data format would be Y-F.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1F - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1F - Rule 2	The Docket ID or other unique number assigned to the appeal.	Number - 0000000000 (Required)	CHAR(30)	NOT NULL
4	Type of UI Program	Regular UI: Step 2A - Rule 1 Workshare: Step 2B - Rule 1	Regular UI claim or Workshare claim.	Text - Regular UI Workshare (Required)	CHAR(20)	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (20)	NOT NULL
6	Intrastate/ Interstate	Intrastate: Step 5A - Rules 1 and 2 Interstate Received as Liable State: Step 5B - Rules 1 and 2	Intrastate or interstate.	Text - Intrastate Interstate (Required except optional for non-lead claimant multi-claimant appeals)	CHAR (20)	
7	Appeal Level	Step 24B - Rule 1	The appeal is a higher authority appeal.	Text - Higher (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 9

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
8	Type of Appeal (Single or Multiclaimant)	Single: Step 25A - Rule 1 Multi: Step 25B - Rule1	The determination is based upon facts related to an individual situation or to groups of similarly situated individuals. States which maintain a single record for multi-claimant appeals with a field for the number of claimants involved should insert a text prefix of 'M-1' for a multi-claimant appeal with only one record for the whole appeal. States which maintain multiple records (one for each claimant) for a multi-claimant appeal should designate one of the records as the lead claimant. States should insert a text prefix of 'M-Lead' in this field for the lead claimant record. Both of these types of records will be assigned to subpopulations 8.45 to 8.52 (lower) or 9.13 to 9.20 (higher). States which maintain multiple records should insert a prefix of 'M-Nonlead' in the multi-claimant field for the non-lead claimants. These records will be assigned to subpopulations 8.53 (lower) or 9.21 (higher).	Text - S M-1 M-Lead M-Nonlead (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 9

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
9	Number of Claimants in Multiclaimant Appeal	Step 25B - Rules 3 and 5	The number of claimants involved in a multiclaimant appeal (could be one if separate records are provided for each participating claimant)	Number => 1 (Required for mutiple claimant appeals; must be blank or 0 for single claimant appeals)	INTEGER	
10	Appellant	Claimant: Step 26A - Rule 1 Employer: Step 26B - Rule 1 Other: Step 26C - Rule 1	The appellant is the claimant, employer, or other than claimant or employer.	Text - Claimant Employer Other (Required except optional for UCFE and UCX claims, and non-lead multi-claimant appeals)	CHAR (30)	
11	In Favor of Appellant	In Favor: Step 27A - Rule 1 Not in Favor: Step 27B - Rule 1	The decision was or was not in favor of the appellant.	Text - Y N (Required except optional for UCFE and UCX claims, and non-lead multi-claimant appeals)	CHAR (20)	
12	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
13	Decision Date	Step 28 - Rule 1	The date the decision was mailed to the interested parties concerned.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
14	Disposed of by Decision	By Decision: Step 30A - Rule 1 Not by Decision: Step 30B - Rule 1	The appeals case was disposed of by a written ruling.	Text - Y N (Optional)	CHAR (20)	

UI Benefits Record Layout for Population 9

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
15	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 10

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Lower Authority Appeal is 100, then the data format would be LOWER-100.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1E - Rule1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1E - Rule 2	The Docket Number or other unique number assigned to the appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24A - Rule 1	The appeal was a lower authority appeal.	Text - Lower (Required)	CHAR (20)	NOT NULL
5	Appeal Pending	Step 30B - Rule 1	No decision has been made on an appeal.	Text - No Decision (Optional)	CHAR (30)	
6	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 11

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Higher Authority Appeal is 200, then the data format would be HIGHER-200.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1F - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Docket Number Unique ID	Step 1F - Rule 2	The Docket Number or other unique number assigned to the appeal.	Number - 0000000000 (Required)	CHAR (30)	NOT NULL
4	Appeal Level	Step 24B - Rule 1	The appeal was a higher authority appeal.	Text - Higher (Required)	CHAR (20)	NOT NULL
5	Appeal Pending	Step 30B - Rule 1	No decision has been made on an appeal.	Text - No Decision (Optional)	CHAR (30)	
6	Filed Date	Step 32 - Rule 1	The date on which the appeal was filed.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 12

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Fraud is F, then the data format would be FRAUD-F.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	Type of program is UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
5	Type of Overpayment	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1 Penalty: Step 33C - Rule 1	The type of overpayment is Fraud, Nonfraud or Penalty.	Text - Fraud Nonfraud Penalty (Required)	CHAR (20)	NOT NULL
6	Cause of Overpayment	Multi Claimant Scheme: Step 34A - Rule 1 Reversal (JAVA): Step 34B - Rule 1 SESA: Step 34C - Rule 1 Employer: Step 34D - Rule 1 Claimant: Step 34E - Rule 1 Other: Step 34F - Rules 1 and 3 Penalty: Step 34G - Rule 1	The cause of the overpayment was Multi Claimant Schemes, Reversals, SESA Errors, Employer Errors, Claimant Errors, or other Fraud or Nonfraud causes.	Text - Multiclaimant Reversals SESA Employer Claimant Other (Required except optional for penalties)	CHAR (30)	

UI Benefits Record Layout for Population 12

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
7	Detection Type	Wage/Benefit Crossmatch: Step 35A - Rule 1 IB Crossmatch: Step 35B - Rule 1 New Hires System: Step 35C - Rule 1 Multi-Claimant Scheme Systems: Step 35D - Rule 1 Special Project: Step 35E - Rule 1 Other Controllable: Step 35F - Rule 1 Noncontrollable: Step 35G - Rule 1	The detection type used to establish the overpayment was Wage/Benefit Crossmatch, IB Crossmatch, New Hires Systems, Multi-Claimant Scheme Systems, Special Project, Other Controllable, or Noncontrollable activity.	Text - Wage Crossmatch IB Crossmatch New Hires Multiclaimant Special Other Controllable Noncontrollable (Required)	CHAR (30)	NOT NULL
8	Date Established	Step 36 - Rule 1	The date that the overpayment was established.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
9	UI Amount	Step 37A - Rule 1	The amount of benefits paid from State Unemployment Funds.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX claims)	DECIMAL (9,2)	
10	Federal Amount	Step 37B - Rule 1	The amount of benefits paid from Federal Funds.	Number - 0000000.00 (Required for UCFE, UCX, or joint claims; must be blank or 0 for UI claims)	DECIMAL (9,2)	
11	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 13

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Recovered Cash is C, then the data format would be CASH-C

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1H - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1H - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	The program type is UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
5	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud.	Text - Fraud Nonfraud (Required)	CHAR (20)	NOT NULL

UI Benefits Record Layout for Population 13

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Type of Reconciliation Activity	Recovered Cash: Step 38A - Rule 1 Recovered Offset: Step 38B - Rule 1 State Income Tax Offset: Step 38C - Rule 1 By Other States: Step 38D - Rule 1 Written Off: Step 38G - Rule 1 Waived: Step 38F - Rule 1 Additions: Step 38H - Rule 1 Subtractions: Step 38I - Rule 1 Other: Step 38E - Rule 1	The reconciliation activity was cash, benefit offset, state income tax offset, offset other states, write-off, addition, or subtraction.	Text - Cash Benefit Offset Tax Offset By Other State Write-off Waived Addition Subtraction Other (Required)	CHAR (30)	NOT NULL
7	Date of Reconciliation Activity	Step 39 - Rule 1	Indicate the date of the Overpayment Activity.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	UI Reconciliation Amount	Step 40A - Rule 1	The reconciled amount of State Unemployment Funds.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX claims)	DECIMAL (9,2)	
9	Federal Reconciliation Amount	Step 40B - Rule 1	The reconciled amount of Federal Funds.	Number - 0000000.00 (Required for UCFE, UCX, or joint claims; must be blank or 0 for UI claims)	DECIMAL (9,2)	

UI Benefits Record Layout for Population 13

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
10	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

UI Benefits Record Layout for Population 14

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The Data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Nonfraud is NF, then the data format would be NONFRAUD-NF.

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Date Established	Step 36 - Rule 1	The date the overpayment was established	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1	The program type is UI, UCFE, or UCX.	Text - UI UCFE UCX (Required)	CHAR (30)	NOT NULL
6	Outstanding Overpayment	Step 41 - Rule 1	The overpayment is outstanding.	Text - Y N (Optional)	CHAR (20)	

UI Benefits Record Layout for Population 14

No.	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
7	Active Collection	Yes or blank: Step 44A - Rule 1 No: Step 44B - Rule 1 Dropped: Step 44C - Rule 1	Indicate Y if overpayment is in process of recovery; use N if overpayment is no longer in process of recovery; use D if the established date is prior to nine (9) quarters prior to the report quarter and the overpayment was in process of recovery in the prior quarter but recovery was dropped in the report quarter.	Text - Y N D (Required for overpayments with balances more than 450 days past due; optional for other overpayment balances)	CHAR (20)	
8	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud.	Text - Fraud Nonfraud (Required for overpayments with balances more than 8 quarters past due; optional for other overpayment balances)	CHAR (20)	
9	UI Balance at End of Qtr	Step 42A - Rule 1	The State Unemployment funds overpayment balance at the end of the quarter.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE and UCX claims)	DECIMAL (9,2)	
10	Federal Balance at the End of Qtr	Step 42B - Rule 1	The Federal funds overpayment balance at the end of the quarter.	Number - 0000000.00 (Required for UCFE, UCX, and joint claims; must be blank or 0 for UI claims)	DECIMAL (9,2)	

UI Benefits Record Layout for Population 14

No.	*Field Name*	*Module 3 Reference*	*Field Description*	*Data Format*	*Data Type*	*Constraint*
11	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	