



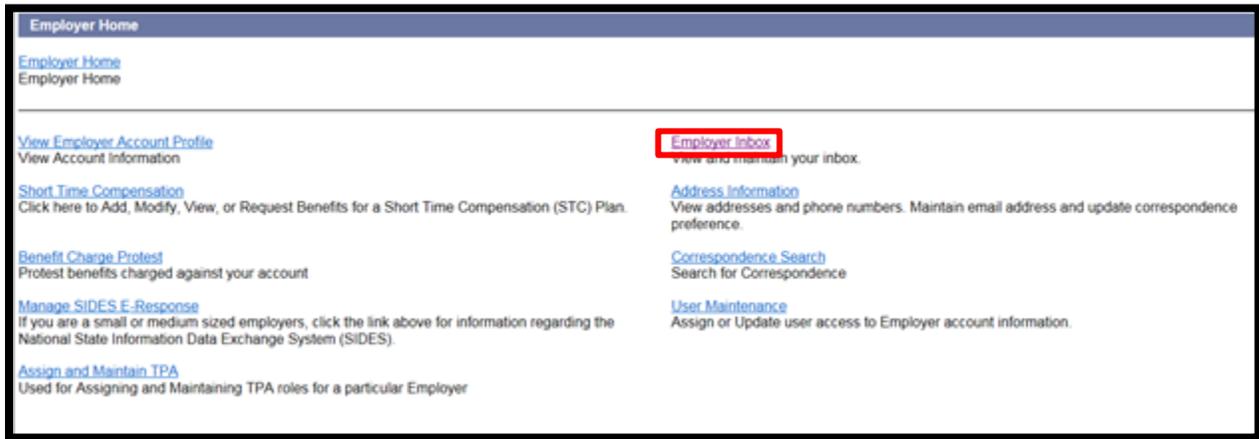
Weekly-Wage Verification (UCO-2) Process

Previously employers were able to search for the Weekly-Wage Verification UCO-2 in their inbox under Subject Type 'Fact Finding'.

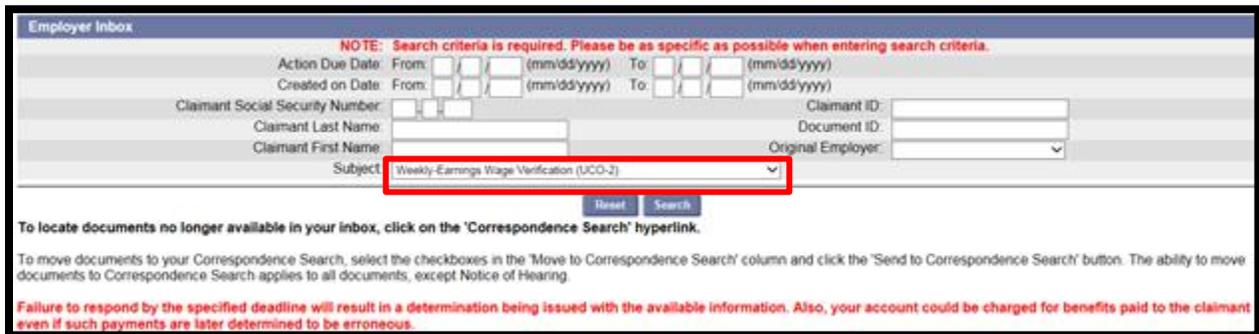
Employers must now enter at least one other Inbox Search criteria, for example: Claimant First/Last Name, Claimant/Document ID, or Social Security Number along with selecting the Subject Type 'Weekly-Wage Verification UCO-2' when looking for a specific UCO2 or select Subject Type 'Weekly-Wage Verification (UCO-2)' and ALL UCO-2s will populate for that employer.

If the Subject Type 'Weekly-Wage Verification (UCO-2)' is not selected the UCO-2 documents Will Not populate.

1. From Employer Home select 'Employer Inbox'



2. Filter Subject by 'Weekly-Earnings Wage Verification (UCO-2)'



If searching for a specific (UCO-2) then search by Claimant/Document ID, Claimant First/Last Name, Claimant Social Security Number, and filer subject by "Weekly-Earnings Wage Verification"

3. Click the 'Item' Hyperlink next to 'Employer Name'

Search Results									
Move To Correspondence Search		Item	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date
<input type="checkbox"/>		57645403	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		HANDO	VICTOR	01/18/2017	12/19/2016
<input type="checkbox"/>		57648827	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		SORG	MELISSA	01/18/2017	12/19/2016
<input type="checkbox"/>		57650540	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		CUNNINGHAM	MARY	01/18/2017	12/19/2016
<input type="checkbox"/>		57655322	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		HAGEN	JOAN	01/18/2017	12/19/2016
<input type="checkbox"/>		57658368	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		VARNER	CYNTHIA	01/18/2017	12/19/2016
<input type="checkbox"/>		57658936	THE NIELSEN COMPANY (US) LLC	Earnings - Weekly wage verification		NORRIS	AUDREY	01/18/2017	12/19/2016
<input type="checkbox"/>		57660829	THE NIELSEN COMPANY	Earnings - Weekly wage		PAGNOTTA	MURIEL	01/18/2017	12/19/2016

4. Complete 'UCO-2' then select 'Submit'

1. Did the claimant work for you? (if no, you do not need to complete the remaining questions on this form)
 • Yes No*

2. Did the claimant earn wages during the period listed in section 5? (if no, you do not need to complete the remaining questions on this form)
 • Yes No

3. Are the wages reported in section 5, which were reported by the claimant correct? (if yes, you do not need to complete the remaining questions on this form)
 Yes No

4. Comments

5. Calendar Week Ending	Benefits Paid	Claimant's Reported Earnings	Gross Wages Earned During the Week
10/3/2015	\$0	\$0	0
10/10/2015	\$0	\$0	0
10/17/2015	\$89	\$0	150.00
10/24/2015	\$89	\$0	0
10/31/2015	\$89	\$0	200.00
11/7/2015	\$89	\$0	200.00
11/14/2015	\$0	\$314	0
11/21/2015	\$0	\$0	0
11/28/2015	\$0	\$0	0
12/5/2015	\$0	\$0	0
12/12/2015	\$0	\$0	0
12/19/2015	\$0	\$0	0
12/26/2015	\$89	\$0	200.00

6. Employment start date: (not the date of hire)

7. Employment end date: (if applicable)

8. What was the claimant's work schedule?
 Full-Time Part-Time

9. What is/was the claimant's rate of pay?
 day hour week bi-weekly monthly

10. At the time of separation, was the claimant given separation pay? Yes No

10a. If yes, indicate the type of separation payment, the total gross(before deductions) amount given, and the period it covered.

<input type="checkbox"/> Severance pay	From: <input type="text"/>	To: <input type="text"/>	Recall date (if applicable): <input type="text"/>
<input type="checkbox"/> Wages in lieu of notice	From: <input type="text"/>	To: <input type="text"/>	
<input type="checkbox"/> Vacation/Holiday pay	From: <input type="text"/>	To: <input type="text"/>	
<input type="checkbox"/> Delayed commissions	From: <input type="text"/>	To: <input type="text"/>	
<input type="checkbox"/> Bonuses	From: <input type="text"/>	To: <input type="text"/>	
<input type="checkbox"/> Supplemental (error adjustment)	From: <input type="text"/>	To: <input type="text"/>	
<input type="checkbox"/> Other:	Explain: <input type="text"/>		

10b. The claimant was notified on that would be the last day of employment.

10c. Specify the basis for payment(policy, union, contract, length of service, etc)

10d. How is the pay being issued?
 Lump Sum
 Regular pay schedule (weekly, bi-weekly, monthly, etc)
 Other (explain below)

10e. What calculation was used to determine the amount of the separation pay, severance pay, transition pay, pay in lieu of notice and/or continuation pay? (Ex. One week for each year of service)

Section 2

Is there any additional documentation that you would like to send? Yes No

Please describe the documents:

If additional information is needed, who should we contact?

Contact person's telephone number:

Name and title of the person completing this request:

Mrs. Test

Telephone number of the person completing this request:

I certify that the above information is true and correct.*

E-mail Address: Date:

Title: Signature:

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN THIS INFORMATION WITHIN 30 DAYS

Upload Attachments
 If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB. If your attachment is a xls or xlsx file, these types cannot be larger than 1 MB.
 No attachments

5. Confirmation Page. Select 'Print Preview' to print a copy for your records.

Employer Information		\Change Employer	\Leave Employer
Employer Account Number:	Employer Name	FEIN	
Employer Action Confirmation			
Employer Name:			
Employer Account Number:			
Document Type:			
Issue ID:			
Claimant Name:			
Claimant ID:			
Last 5 of Claimant's SSN:			
Date and Time of Submission: 3/11/2016 10:43:12 AM			
Uploaded Documents			
No Attachments			
<p>Your response has been submitted, please print a copy of this confirmation screen for your own records. The same confirmation information will be emailed to you, if you have an email address on file in the Connect system.</p> <p>This screen will time out in 30 minutes, please click Print Preview immediately.</p> <p>To return to your home page, click the Employer Home button</p>			
Employer Home		Print Preview	

FAQ

1. Are employers still allowed to submit the UCO-2 after the due date has passed? **Yes.**
2. If the claimant did not work for me, do I still need to provide a response? **Yes. Select "No" beside "the Claimant did not work for them" on the UCO-2, complete the contact information in Section 2, check the "I certify that the above information is true and correct", and select "Submit".**
3. Why would employers receive an UCO-2 on a claimant that didn't work for them? **There are many factors or scenarios that play a part in you receiving an UCO-2. Below are a few that are more common.**
 - a. **Fraud: an employee used someone else's social security number at time of hire. I.e. Bob Brown is your employee and used Cynthia Smith's social on his new hire paperwork.**
 - b. **Human Error: Social Security number was entered or reported wrong to Department of Revenue.**
4. Employer's pay schedule is different from DEO's schedule of Sunday-Saturday. How do I calculate wages for that time frame? **Employers can list gross wages for the time frame listed and staff will calculate.**
5. Are employers required to respond to an UCO-2 online or by mail? **If Employers are able to respond electronically, then please do so. Even if you receive an UCO-2 via mail. Only UCO-2's that should be received via mail are from "Exempt Employers".**
6. Is there a scheduled time the UCO-2 forms go out to the employer? **They will show up on the "Action Item Notice" when available in your inbox.**