|  |
| --- |
| Mailing Date: <<[data.get(“MailingDate”)]>>  Claimant: <<[data.get(“ClaimantName”)]>>  SSN: <<[data.get(“socialSecurityNo”)]>>  Issue #: <<[data.get(“IssueId”)]>> |

<<[data.get(“EmployerName”)]>>

<<[data.get(“formattedAddressLine1”)]>>  
<<[data.get(“formattedAddressLine2”)]>>  
<<[data.get(“formattedAddressLine3”)]>>

**Employer Instructions:**

This agency is auditing an Unemployment Insurance claim filed by the individual named on this form (above). Provide information for all **past** weeks listed on this form. **Sign, date, and return the form no later than ten (10) days after the mailing date. Return your completed form via regular U.S. mail to the address above or sign up for electronic submission (more information below). The agency *cannot* accept this form as a fax or email attachment.**

* **Enter gross wages (before taxes) earned for the claimant during the week(s) listed on this form.** Please note: wages are “earned” during the week the work is performed, regardless of when the claimant is paid for the work. A benefit week begins on Sunday and ends the following Saturday.
* **If your payroll is in a form other than a calendar week (Sunday to Saturday), make the necessary calculations to ensure that wages shown on the form are for the calendar week and represent the period in which wages were *earned* (not when they were paid).** Enter the individual’s gross wages for the week and show the total hours worked each day of the week in the appropriate box. Please identify Vacation, Holiday, Sick Pay, Wages in Lieu, Severance Pay, Pension and/or Other. If no wages were earned, enter “None” in the gross wages space.
* If future weeks are reflected on this form, provide information *only up to the current week*. **Do not hold the form until the future weeks expire.**
* If the claimant listed above has never worked for you **or** if the social security number listed does not match the one you have for the claimant, please indicate this in writing (anywhere on the form).

Your prompt response to this form helps us maintain the integrity of the Kentucky Unemployment Insurance Program by **protecting employer reserve accounts and preventing fraud**. Thank you for your attention to this important matter.

**NOTE: COMPLETION OF THIS FORM IS REQUIRED UNDER KENTUCKY UNEMPLOYMENT COMPENSATION REGULATION 787 KAR 1:010**

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| **¡IMPORTANTE!** Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.  **INMEDIATAMENTE:** Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 502 564-2387. |

<<image [data.getBarcodeImage2()]>>

<<[data.get(“BarcodeString2”)]>>

**UI-203**

<<[data.get(“EmployerName”)]>> Mailing Date: <<[data.get(“MailingDate”)]>>

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Claimant: <<[data.get(“ClaimantName”)]>>** | | | | **Social Security Number: XXX-XX-<<[data.get(“SocialSecurityNo”).substring(11 – 4)]>>** | | | | | | | |
| 1. Date of employment: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First Day to Last Day worked)  2. Rate of pay per hour: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Employee’s work status:  ☐ Still Employed  ☐ Full-time ☐ Part-time  ☐ On Call ☐ Seasonal Employment  ☐ Quit ☐ Discharge  ☐ Laid Off/Lack of Work  ☐ Definite recall within 12 weeks  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (For Ex: Suspension or Leave of Absence) | | | | 4. Select pay period used:  ☐ Monthly  Pay Period Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Semi Monthly  Pay Period Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pay Period Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Bi-Weekly  Pay Period Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Weekly  Pay Period Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | If other than regular wages, please specify by checking the appropriate column below.  V - Vacation  H - Holiday  S - Sick Pay  O - Other  WL - Wages/Lieu of notice | | | |
| **Office Use** | **Week Beginning Date** | **Week**  **Ending**  **Date** | **Gross Wages** | **Total Weekly Hours Worked** | **Other Type of Wages** | | | | | | |
| **Code** | **Amount** | **Code** | | **Amount** | **Code** | **Amount** |
| <<foreach [aw in data.get(“AuditWeeks”)]>><<[aw.get(“IndexNo”)]>> | <<[aw. getBeginDate “)]>> | <<[aw. getEndDate “)]>> |  |  |  |  |  | |  |  | <</foreach>> |

|  |  |  |
| --- | --- | --- |
| **PREPARED BY** | | |
| Employer Representative: | Title: | Date: |
| Telephone Number: | Email Address: | |