

READING FORM UC-150 – NOTICE TO REIMBURSABLE EMPLOYERS OF COMPENSATION CHARGED

Plant number of location where employee works (if applicable) → 1. PLANT NO.

Employee Social Security Number and name → 2. SOCIAL SECURITY NUMBER, 3. CLAIMANT'S NAME

Effective date of UC claim → 4. CODE

Saturday date ending the seven-day period for which compensation was paid to the employee → 5. AB DATE (MO., DAY, YR.)

Date on which compensation was paid → 6. COMPENSABLE WEEK END. DATE (MO., DAY, YR.)

Amount of compensation paid (+ dependents' allowances) → 7. DATE COMP. PAID (MO., DAY, YR.)

Percentage chargeable to your account → 9. PERCENT OF CHARGE

Amount of compensation charged or credited to your account → 10. AMOUNT OF CHARGE

11. LOCAL OFFICE NUMBER → UC Service Center office where claim was filed

Mailing date of UC-150. You have 90 days from the mailing date to file a protest in writing contesting the clerical accuracy of this notice. All protests must be filed within 90 days of the mailing date. → MAILING DATE

Credit & Debit Codes

Credit Codes:

- 01 Overpayment
- 02 Check Redeposit
- 03 Incorrect Charge
- 04 Eligible Decision Reversed
- 05 Financial Determination Reversed
- 06 Partial Transfer
- 07 Voluntary Quit - Relief Approved
- 08 Part-Time Employment - Relief Approved
- 09 Willful Misconduct - Relief Approved

Debit Codes:

- 90 Relief from Charge Rescinded
- 91 Duplicate Credit of an Extended Benefit Payment
- 92 Offset of a Duplicate Credit, Overpayment Credit, or UC-150 Non-charge Credit
- 93 New Account Added to Claim
- 94 Increase of % of Charge
- 95 Decrease or Cancellation of Overpayment
- 96 Debit to Offset Erroneous Credit
- 97 Credit Balance Debit
- 98 Partial Transfer Debit
- 99 Overpayment Credit Error

TOTAL THIS PAGE \$ → Net amount of charges to your account listed on this page

TOTAL ALL PAGES \$ → Net amount of charges to your account payable within 30 days from the date of this notice