READING FORM UC-640 – MONTHLY NOTICE OF COMPENSATION CHARGED

Plant number of location where employee works (if applicable)

Employee Social Security Number and name

Effective Date of UC claim

Saturday date ending the seven-day period for which compensation was paid to the employee

Date on which compensation was paid (the month in which payment was made is the month of charge)

Percentage chargeable to your account

Amount of compensation charged or credited to your account

UC Service Center office number where claim was filed

1. PLANT NUMBER	2. SOCIAL SECURITY NUMBER	3. CLAIMANT'S NAME	4. AB DATE			5. COMP. WEEK ENDING DATE			6. DATE COMP. PAID			7. AMOUNT PAID		8. % OF CHARGE	9. AMOUNT CHARGED	10. ADJ CODE	11. OFFICE NUMBER
			MO	DAY	YR	MO	DAY	YR	MO	DAY	YR						

Amount of compensation paid (+ dependents' allowances)

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90 Relief from Charge Rescinded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