

UCB-23 WAGE VERIFICATION/ELIGIBILITY REPORT

WD00003

Fax Number: (608) 260-3144  
**If you fax this form, do not mail it.**

**Return this form only if correcting or adding information.** See back of form for explanations/instructions.

JOHN Q. EMPLOYER  
 1 CAPITOL ST.  
 ANYWHERE WI 5555-5555

UI Account Number: 123456  
 Week/Year: 13/18 L0 05  
 Social Security Number: 001-22-1234  
 MARY A. CLAIMANT

This form will be machine read and processed automatically. Information outside the boxed areas will not be read.

1. If the claimant NEVER worked for you, put an X in this box  and immediately return this form.  
 2. If the Employer Name and/or UI Account Number is incorrect, and you know the correct information, please provide the correct information in the box below:

[Empty box for employer information correction]

2. You must report wages earned and equivalent hours/minutes for each pay type from Sunday through Saturday even if your pay period is different or the claimant has not been paid.

Below are the amounts the claimant has reported for the week Sunday 03/25/18 through Saturday 03/31/18

	GROSS WAGES/PAY*	HOLIDAY PAY	VACATION PAY	DISMISSAL PAY
Employee Reported Amount	286.81			
Employee Reported Hours/Min	HR: 23 MIN: 00	HR: MIN:	HR: MIN:	HR: MIN:
Employer Reported Amount	\$ [ ][ ] [ ][ ] . [ ][ ]	\$ [ ][ ] [ ][ ] [ ][ ] . [ ][ ]	\$ [ ][ ] [ ][ ] [ ][ ] . [ ][ ]	\$ [ ][ ] [ ][ ] [ ][ ] . [ ][ ]
Employer Reported Hours/Min	HR: [ ][ ] MIN: [ ][ ]	HR: [ ][ ] MIN: [ ][ ]	HR: [ ][ ] MIN: [ ][ ]	HR: [ ][ ] MIN: [ ][ ]

\*Includes bonuses, tips, incentives, overtime, sick pay or any other supplements and does not include holiday, vacation or dismissal pay.

3. During the above week, if the claimant was asked or scheduled to work more hours than he/she worked, put an X in this box  AND answer the following questions:

5. How many additional hours/minutes were available? HR: [ ][ ] MIN: [ ][ ] Rate of pay for that work? [ ][ ][ ][ ]  
 Dates additional work was actually available? [ ][ ][ ][ ][ ][ ][ ][ ]  
 Additional gross wages/pay the claimant would have earned (including bonuses, tips, overtime or any supplements) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

6. X the box of any applicable eligibility issues and provide detailed information by the due date above:

QUIT     Was DISCHARGED     REFUSED an OFFER of WORK    Last day of work or date new work would have started: [ ][ ][ ][ ][ ][ ][ ][ ]  
 Worked in EXCLUDED EMPLOYMENT     Is NOT ABLE to WORK or AVAILABLE for WORK     Worked ONLY during SCHOOL YEAR     OTHER  
 Explain in box below

[Empty box for additional information]

If the claimant already reported an eligibility issue, we may contact you for additional information before the due date.

7. Completed for the employer by: [ ][ ][ ][ ][ ][ ][ ][ ] Working Title and Phone Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Date Completed: [ ][ ][ ][ ][ ][ ][ ][ ]  
 If further information is needed, whom should we call? Please print the name and phone number below: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**You must reply to this required report when the information on the front of this form is incomplete or incorrect.**

- The claimant never worked for you or your account number is missing or incorrect (#1);
- The claimant reported amounts and/or hours are incorrect (#2);
- The claimant was asked/scheduled to work additional hours but did not work all hours available (#3); or
- There are one or more eligibility issues that apply to this claim (#4).

**If you return this report incomplete, with incorrect information, or after the due date:**

Your account will be charged for all benefits that are paid to the claimant in error because we did not have your information. Benefits paid in error include benefits paid from another employer's account and/or your own account - even if the claimant never worked for you.

**INSTRUCTIONS FOR COMPLETION:**

**This form will be scanned for automated data capture. Please follow these instructions and return the form by the due date to ensure that your information is processed quickly and accurately.**

- Use blue or black ink;
- Print numbers clearly ([1] [2] [3] [4] [5] [6] [7] [8] [9] [0]);
- Mark all check boxes with an "X" ([X]); and,
- Keep all information within the boxes. Information outside the boxes cannot be read by the scanner.

**ITEM #1: The claimant did not work for you or your account number is missing or incorrect.**

- If you know the correct employer's name and/or account number, please fill in #1 on the front of the form.
- If your account number is missing or incorrect, enter your correct account number and employer name in #1 on the front of the form.

**ITEM #2: The wages and/or other income and equivalent hours/minutes reported by the claimant are incorrect.**

- Make any corrections to the amounts and equivalent hours/minutes the claimant reported in #2 on the front of the form.
- Unemployment benefit claimants are required to report all money earned during the UI work week (Sunday through Saturday) even if they have not yet been paid for that work.
- Wages include all non-work payments (bonuses, tips, incentives, overtime, sick pay or any other supplements). Report holiday pay, vacation pay and dismissal pay in their own column.

**ITEM #3: The claimant did not work all the hours/minutes he/she was asked or scheduled to work.**

- Enter the number of additional hours/minutes that were available to the claimant and the rate of pay for that work.
- Enter the dates the additional work was available.
- Enter the additional gross wages/pay that the claimant would have earned for the additional hours/minutes. Include bonuses, tips, overtime or any other supplement he or she would have received. **Do not include payments that were actually made for the hours missed - report these payments in #2.**

**ITEM #4: There is an eligibility issue that applies to this claim. You must place an "X" in the box if any eligibility issues apply.**

- If an eligibility issue that applies to this claim is not specifically listed in #4, please place an X in the box that says "OTHER" and write a description of the issue in the large box in #4. Examples of other eligibility issues include family controlled employment and pension payments (any retirement payment to which the employer has contributed, including an annuity, a 401(k), etc.)
- If you are contacted for additional information about an eligibility issue, respond by the deadline you are given. Your account will be charged for all benefits that are paid to the claimant in error because you fail to provide correct and complete information during a fact-finding investigation. Benefits paid in error include benefits paid from another employer's account and/or your own account - even if the claimant never worked for you.

For more information about eligibility issues, refer to the Handbook for Employers (form UCB-201), <http://dwd.wisconsin.gov/ui201>, or call the Employer Assistance Line at (414) 438-7705.

**Name / Address Change**

If you change your name and/or address on the front of this form, we will immediately pass the new information to the Bureau of Tax and Accounting. Before making the change, they will verify that the person requesting the change is authorized to do so. Your address will be changed on future mailings as soon as that authorization is complete.