UI Output Control Matrix Registration Form

To suppress processed Unemployment Insurance records; associated error, warning, or information codes; and corrected data, send this registration to FPLSLocateTeam@acf.hhs.gov. Date: _____ Submitting Agency/Federal Agency: Requestor: _____ Phone Number: _____ Email: _____ City: ______ State: _____ ZIP Code: _____ **Output Suppression Options** Select an X to **Error Codes** | Condition Description suppress output Records rejected and returned with error codes 0001 SSN and name do not match. 0002 SSN is invalid or out of range. 0011 SSN is non-numeric. 0015 SSN is missing or is not greater than zeros. 0016 Claimant Name is missing. 0017 Claimant Address is missing. 0019 Duplicated Record rejected. 0024 Claimant First Name is missing. 0025 Employee Last Name is missing. Record accepted and returned with warning codes SSN and name were verified after the name was reversed. 0004 0005 SSN was corrected. 0020, 0021, Claimant Address contains errors. 0022, 0023, 0027, 0028, 0070 0034 Benefit Amount is non-numeric. 0060, 0061. Claimant Address was corrected. 0062, 0063 0051 Reporting Period is invalid.

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Output Suppression Options (cont'd)		
Total number	er of acknowledgement records returned	Select an X to allow full output
N/A	An X in this box specifies that a submitter wants all errors and warnings returned.	