

FCCC Type 1-6 Data Entry

2021



FCCC Purpose

- Developed for States to send UCFE/UCX Type 1-6 requests
- Approved Username and password required
- Records transmitted to the Hub every 15 minutes



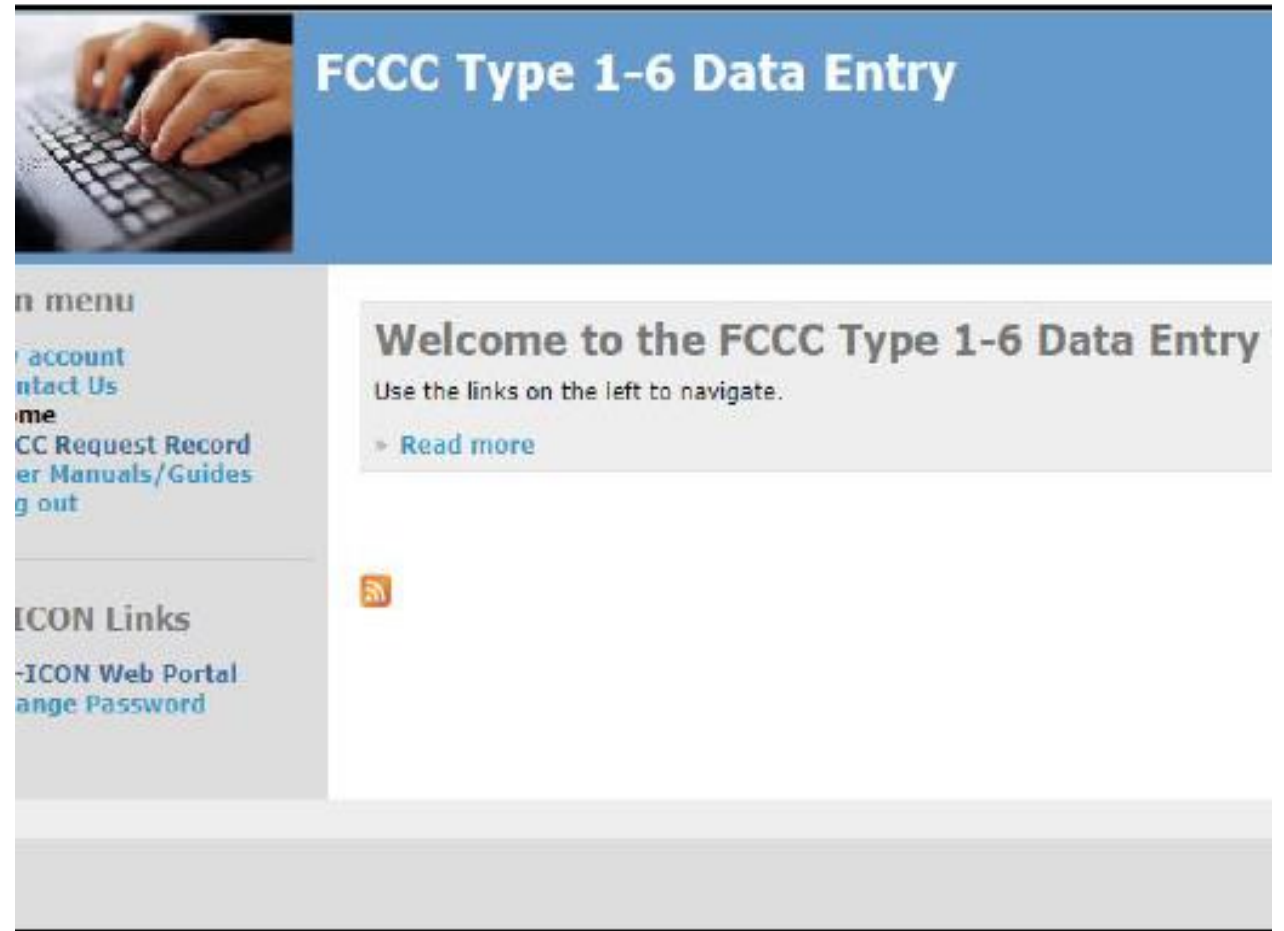
SEND APPROPRIATE
RECORD TYPES TIMELY



REVIEW ALL FCCC
RESPONSES

FCCC Type 1-6 Data Entry Access

- Account Access
 - Approved through State Administrator
 - Activated by UI-ICON Administrator

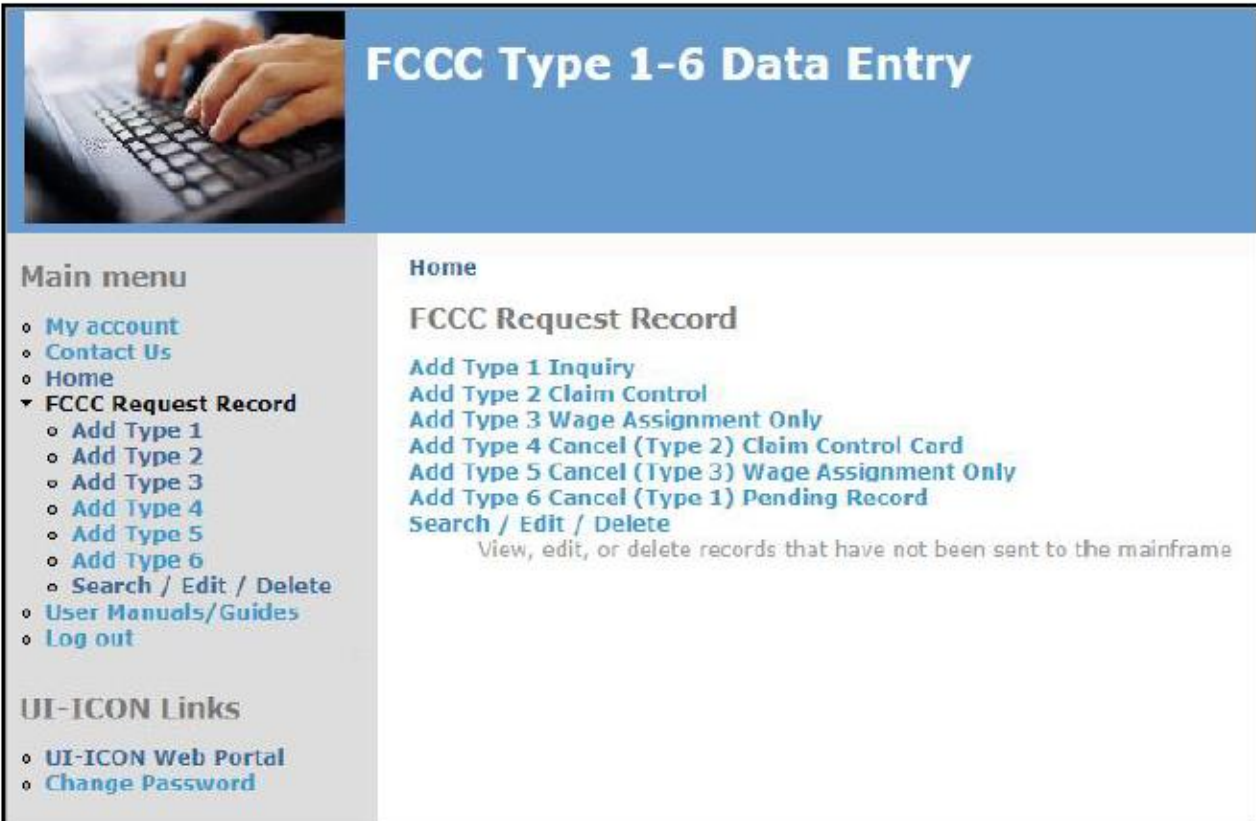


The screenshot shows the FCCC Type 1-6 Data Entry website. At the top, there is a blue header with the text "FCCC Type 1-6 Data Entry" and an image of hands typing on a keyboard. Below the header, the page is divided into several sections. On the left, there is a navigation menu with links such as "Account", "Contact Us", "Home", "FCCC Request Record", "User Manuals/Guides", and "Log out". Below the menu, there is a section titled "ICON Links" with a link to "UI-ICON Web Portal" and "Change Password". On the right, there is a main content area with a welcome message: "Welcome to the FCCC Type 1-6 Data Entry" and "Use the links on the left to navigate." Below the welcome message, there is a "Read more" link. At the bottom of the page, there is a grey footer bar.

FCCC Request Record Main Menu

Add a record

Search for a record



The screenshot shows a web application interface for "FCCC Type 1-6 Data Entry". At the top left is a small image of hands typing on a keyboard. The main content area is divided into two columns. The left column contains a "Main menu" with a list of links: "My account", "Contact Us", "Home", "FCCC Request Record" (expanded to show "Add Type 1" through "Add Type 6", "Search / Edit / Delete", "User Manuals/Guides", and "Log out"), and "UI-ICON Links" (with "UI-ICON Web Portal" and "Change Password"). The right column is titled "Home" and features a "FCCC Request Record" section with links for "Add Type 1 Inquiry", "Add Type 2 Claim Control", "Add Type 3 Wage Assignment Only", "Add Type 4 Cancel (Type 2) Claim Control Card", "Add Type 5 Cancel (Type 3) Wage Assignment Only", and "Add Type 6 Cancel (Type 1) Pending Record". Below these links is a "Search / Edit / Delete" section with the instruction: "View, edit, or delete records that have not been sent to the mainframe".

FCCC Type 1-6 Data Entry

Main menu

- [My account](#)
- [Contact Us](#)
- [Home](#)
- ▼ **FCCC Request Record**
 - [Add Type 1](#)
 - [Add Type 2](#)
 - [Add Type 3](#)
 - [Add Type 4](#)
 - [Add Type 5](#)
 - [Add Type 6](#)
 - [Search / Edit / Delete](#)
- [User Manuals/Guides](#)
- [Log out](#)

UI-ICON Links

- [UI-ICON Web Portal](#)
- [Change Password](#)

Home

FCCC Request Record

- [Add Type 1 Inquiry](#)
- [Add Type 2 Claim Control](#)
- [Add Type 3 Wage Assignment Only](#)
- [Add Type 4 Cancel \(Type 2\) Claim Control Card](#)
- [Add Type 5 Cancel \(Type 3\) Wage Assignment Only](#)
- [Add Type 6 Cancel \(Type 1\) Pending Record](#)

[Search / Edit / Delete](#)

View, edit, or delete records that have not been sent to the mainframe

Type 1

- Filed each time a new initial claim involving UCFE and/or UCX wages is filed

Home » FCCC Request Record

FCCC Type 1 Inquiry

Request State: WA	Record Code: 1	Local Office <input type="text"/>	Today's Date 04/04/20
Claimant Name: (F) * <input type="text"/>	(M) <input type="text"/>	(L) * <input type="text"/>	
Claimant SSN * <input type="text"/> - <input type="text"/> - <input type="text"/>		Verify SSN * <input type="text"/> - <input type="text"/> - <input type="text"/>	
Program Type * <input type="text"/>			
Effective Date * <input type="text"/> E.g., 04/05/2020			
Base Period Begin Date * <input type="text"/> E.g., 04/05/2020		Base Period End Date * <input type="text"/> E.g., 04/05/2020	
<input type="button" value="Submit"/>			

Home » FCCC Request Record

FCCC Type 1 Inquiry

Your request has been submitted.

Type 2

- Sent whenever a benefit year is established using UCFE and/or UCX wages

Home » FCCC Request Record

FCCC Type 2 Claim Control

Request State: WA	Record Code: 2	Local Office <input type="text"/>	Today's Date 04/04/20
Claimant Name: (F) * <input type="text"/>	(M) <input type="text"/>	(L) * <input type="text"/>	
Claimant SSN * <input type="text"/> - <input type="text"/> - <input type="text"/>		Verify SSN * <input type="text"/> - <input type="text"/> - <input type="text"/>	
Program Type * <input type="text"/>			
Effective Date * <input type="text"/> <small>E.g., 04/05/2020</small>		Benefit Year Ending Date * <input type="text"/> <small>E.g., 04/05/2020</small>	
Base Period Begin Date * <input type="text"/> <small>E.g., 04/05/2020</small>		Base Period End Date * <input type="text"/> <small>E.g., 04/05/2020</small>	
Weekly Benefit Amount (9999999.99) * <input type="text"/>	Maximum Benefit Amount (9999999.99) * <input type="text"/>	Dependent Amount (9999999.99) <input type="text"/>	
Transferring State 1 <input type="text"/>		Transferring State 2 <input type="text"/>	
<input type="button" value="Submit"/>			

Home » FCCC Request Record

FCCC Type 2 Claim Control

Your request has been submitted.

Type 3

- Request to post claims control lag wage assignment only information for UCFE and/or UCX wages when the first claim filed, after separation Federal civilian employment or Military service, established a benefit year that was not based upon UCFE and/or UCX



Home » FCCC Request Record

FCCC Type 3 Wage Assignment Only

Request State: UI	Record Code: 3	Local Office: <input type="text"/>	Today's Date 03/07/12
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	
Claimant SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>	Verify SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>		
Program Type: * <input type="text"/>			

Home » FCCC Request Record

FCCC Type 3 Wage Assignment Only

Your request has been submitted.

Request State: FL	Record Code: 3	Local Office: <input type="text"/>	Today's Date 09/13/11
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	
Claimant SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>	Verify SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>		

Type 4

- Request to cancel a Claim Control Record (Type 2)

Home » FCCC Request Record

FCCC Type 4 Cancel (Type 2) Claim Control

Request State: FL	Record Code: 4	Local Office: <input type="text"/>	Today's Date 09/24/11
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	
Claimant SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>	Verify SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>		
Program Type: * <input type="text"/>	Benefit Year Ending Date: * <input type="text"/>		

Format: 09/24/2011

Home » FCCC Request Record

FCCC Type 4 Cancel (Type 2) Claim Control

Your request has been submitted.

Request State: FL	Record Code: 4	Local Office: <input type="text"/>	Today's Date 09/13/11
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	

Type 5

- Request to cancel an existing Lag Wage Assignment Only record (Type 3)

Home » FCCC Request Record

FCCC Type 5 Cancel (Type 3) Wage Assignment Only

Request State: FL	Record Code: 5	Local Office: <input type="text"/>	Today's Date 09/24/11
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	
Claimant SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>	Verify SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>		
Program Type: * <input type="text"/> ▼			
<input type="button" value="Submit"/>			

Home » FCCC Request Record

FCCC Type 5 Cancel (Type 3) Wage Assignment Only

Your request has been submitted.

Request State: FL	Record Code: 5	Local Office: <input type="text"/>	Today's Date 09/13/11
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	

Type 6

- Request to cancel a UCX Pending Record.

Home » FCCC Request Record

FCCC Type 6 Cancel (Type 1) Pending Record

Request State: FL	Record Code: 6	Local Office: <input type="text"/>	Today's Date 09/24/11
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	
Claimant SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>	Verify SSN: * <input type="text"/> - <input type="text"/> - <input type="text"/>		
Program Type UCX	UCX Separation Date: * <input type="text"/> Format: 09/24/2011		
Effective Date: * <input type="text"/> Format: 09/24/2011			
Base Period Begin Date: * <input type="text"/> Format: 09/24/2011	Base Period End Date: * <input type="text"/> Format: 09/24/2011		
Branch of Service: * <input type="text"/>			

Home » FCCC Request Record

FCCC Type 6 Cancel (Type 1) Pending Record

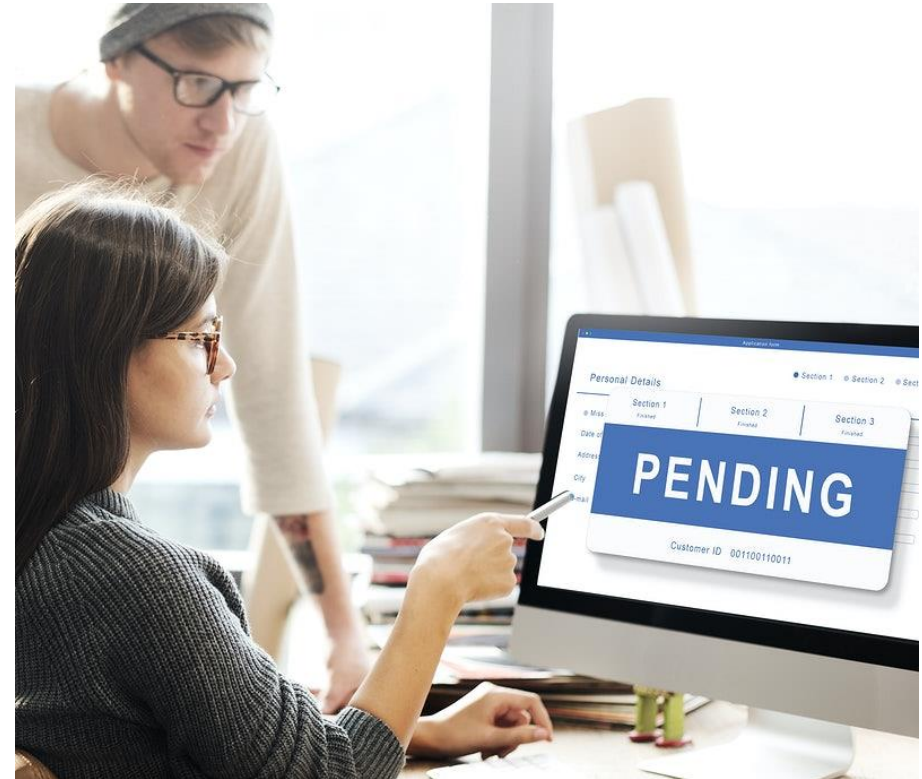
Your request has been submitted.

Request State: FL	Record Code: 6	Local Office: <input type="text"/>	Today's Date 09/13/11
Claimant Name: (F): * <input type="text"/>	(M): <input type="text"/>	(L): * <input type="text"/>	



Pending Request

- Created when FCCC receives a Type 1 request, but does not have a matching DD-214 or similar record on file



READ

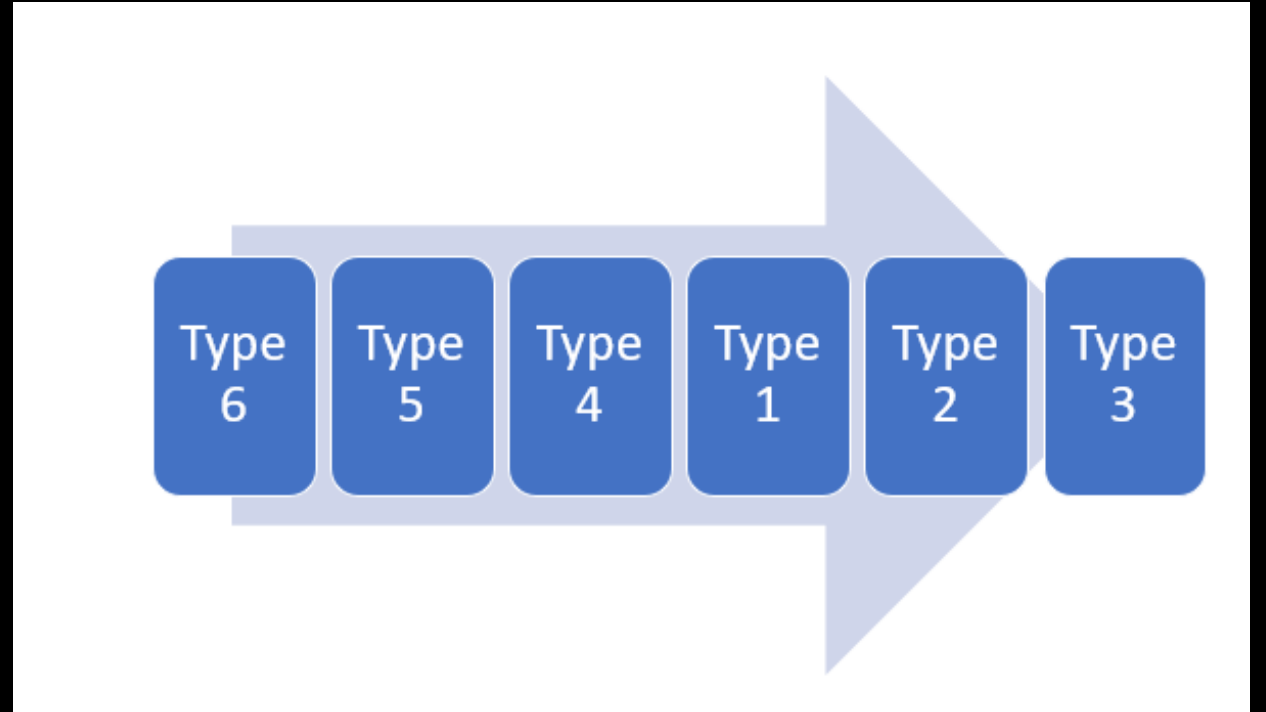
Responses must be read,
reviewed and
appropriate actions
taken.

FCCC Responses



Order of Operation

A Type 1 and a Type 2 record for the same claim should not be sent the same day.



Search Edit Delete

- You may edit and delete your own state records

Home » FCCC Request Record

Search / Edit / Delete

Claimant SSN: * - - Request State: UI Today's Date 02/28/12

Home » FCCC Request Record

Search Results

SSN	Name	Record	Date Entered	Action
777-23-4567	NICK RHODES	Type 2	2011-09-13 14:47:12	View Edit Delete
777-23-4567	NICK RHODES	Type 4	2011-09-13 15:02:07	View Edit Delete

Edit

Home » FCCC Request Record

FCCC Type 2 Claim Control

Request State: FL	Record Code: 2	Local Office: 1234	Today's Date 09/24/11
Claimant Name: (F): * NICK	(M): 	(L): * RHODES	
Claimant SSN: * 777 - 23 - 4567	Verify SSN: * 777 - 23 - 4567		
Program Type: * UCX	UCX Separation Date: * 05/01/2011 Format: 09/24/2011		
Effective Date: * 05/08/2011 Format: 09/24/2011	Benefit Year Ending Date: * 08/31/2011 Format: 09/24/2011		
Base Period Begin Date: * 08/01/2010 Format: 09/24/2011	Base Period End Date: * 08/01/2011 Format: 09/24/2011		
Branch of Service: * Navy	Transferring State 1: GA	Transferring State 2: 	
<input type="button" value="Submit"/>			

[View This Record](#) | [Delete This Record](#) | [Return To Search Results](#)

Delete

[Home](#) » [FCCC Request Record](#)

Are you sure you want to delete this record?

SSN	Name	Record	Date Entered
777-23-4567	NICK RHODES	Type 2	2011-09-13 14:47:12

Questions



Contact Information:

Paula Hobdy-Paula.Hobdy@Conduent.com

Cindy Morris-cmorris@naswa.org

