

Auxiliary Services Mobile Unit

Unemployment Compensation Requisition Instructions

Section I Complete all header information as requested.

Section II Complete all information for the ERI or Severance being requested.

1. List the name of each Auxiliary Services person for whom you are requesting reimbursement for costs incurred for payment of unemployment compensation.
2. List the social security number of the person named in section 1.
3. Indicate the name of the non-public school where the individual worked in the Auxiliary Services Program. If the person worked in more than one, identify each school.
4. Indicate the IRN for the school listed in section 3.
5. Indicate the years of employment first in the district and secondly in the Auxiliary Services Program.
6. Indicate the total wages earned in the Auxiliary Services Program.
7. Indicate the percentage of time worked in the Auxiliary Services Program by each of the persons listed in section 1. To determine percent of time, divide the number of years worked in the Auxiliary Services Program by the total number of years worked in the district listed in section 3. If all employment was in the Auxiliary Services Program indicate 100%.
8. If known, the amount of unemployment benefits paid.

Section III Ensure all applicable signatures are on the form before submitting form to the area coordinator. Please submit proof of payment along with the requisition form.

ODE Section Area coordinator will verify payment. If correct, sign requisition for approval.