



EMPLOYERS: You are required by Section 206.1 of Pennsylvania UC Law to provide notification of the availability of Unemployment Compensation (UC) benefits to separating employees at the time of separation from employment.

We recommend using this form to provide the required information, but you may use a different format.

Step 1

Turn this page over



Step 2

Fill out Form UC-1609



Step 3

Give the completed form to separating employees



What information do I need to fill out Employee Separation Information Form UC-1609?

PA Employer UC Account Number or FEIN: Your PA UC account number can be found online on your UC Benefits portal. You may also use your Federal Employer Identification Number (FEIN).

Employer Address: Enter your mailing address or the address where you want the Employer's Notice of Application (UC-45), unemployment fact-finding forms, and determinations to be mailed. If your company uses a Third-Party Administrator (TPA) to handle your unemployment claims, please enter the address for the TPA.

Contact Person, Email Address: Provide the name, title, phone number, and email address of the individual in your organization that the department can contact if additional separation information is needed.

Return to Work: If your company intends to recall the employee to work, please provide an estimated return-to-work date (must be MM/DD/YY). If you need to extend the recall date, you can provide the employee with a new recall notice in writing. This allows the employee to be exempted from participation in work search activities until the recall date.

Why do I need to provide Form UC-1609?

When you provide accurate information to separating employees via Form UC-1609, you receive faster notification of claims filed. This allows you to respond quickly to PA UC information requests and avoid potential incorrect charges to your employer account.

What's next?

Your separating employee may file a claim for unemployment benefits. You will receive a Notice of Application in your UC Benefits System portal or via mail and provide more information about the separation at that time. Prepare any necessary documentation to provide to PA UC.

EMPLOYEES: You May Be Eligible for Unemployment Compensation Benefits

You may file a UC claim if you are unemployed. If PA UC determines that you are eligible, you will receive UC benefits. You may file a UC claim in the first week that employment stops, or work hours are reduced.

To submit your UC application, you'll need the following information:

1. Personal information

- Full legal name
- Social Security number (SSN)
- Residential and mailing address
- Phone number
- Email address
- Work authorization information for non-citizens
- Pension or severance package information (*if applicable*)
- (*Optional*) Direct Deposit information, including the name of the financial institution, address, account number, and routing number

2. Employer Information

Use the information below to look up the employer by their Employer PA UC Account No. or Legal Name. This helps you provide accurate employer information on your UC claim.

3. Employment History

- Employer information for the past 18 months
- Reason for leaving your employers for the past 18 months

When to file: If you worked your usual hours this week, file on Sunday following your final day of work. If your job separation caused a change to your hours for the week, then file right away.

Different Ways to File:

- **Online:** Complete an online application using our secure website at benefits.uc.pa.gov.
- **Phone:** Call the statewide toll-free number **888-313-7284**, M - F from 8am to 4pm. For shorter wait times, please call W - F.

Learn more about additional live chat, in person, and email options by visiting uc.pa.gov and clicking **Contact Us**.

If you have questions, call **888-313-7284** or email UChelp@pa.gov for further assistance.

Employer PA UC Account No: or FEIN:

Employer Legal Name: _____

Employer Address (or TPA Address): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Complete the section below only if the employee is expected to return to work at your company.

Employee Name: _____ Last 4 digits of Social Security No: _____

Do you expect this employee to return to work at your company? YES NO

Expected Date of Recall (MM/DD/YY): _____

Employer Representative Signature: _____ Date: _____