pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS

Instructions for Employers When Completing Form UC-1609P How to Apply for Unemployment Compensation (UC) Benefits

Provide this form to each employee upon separation from employment (whether the employee quit, was discharged, separated due to lack of work or even if hours of work are reduced).

A current version of Form UC-1609P will always be available on the Internet at www.uc.pa.gov.

Employee Name	Enter employee name.
Employee Social Security Number	Enter employee social security number.
Employer Name	Enter the employer name. Please limit the length of the name to 30 characters. Example: ABC Company
Mailing Address	Enter the mailing address. This address is where all UC information will be mailed. Use two lines for the address. Limit the first line to 35 characters. Limit the city to 20 characters. Limit the state to 2 characters. We will accept 5 + 4 for the zip code.
Telephone Number	Enter the telephone number that can be used by UC staff to contact the employer. Please include area code.
Fax Number	Enter the fax number that can be used by UC staff to contact the employer. Please include area code.
Email Address	Enter the email address that can be used by UC staff to contact the employer.
Contact Person	Enter the name of a contact person who can provide UC staff with information about the employee. This can be a frontline supervisor or someone from your personnel office.
Contact Person Title	Enter the business title or job classification of the contact person.
PA UC Account Number	Enter the PA UC Account Number of the employer. This is the number used to report employees' quarterly wages to the Department of Labor & Industry.
Separation Reason*	Enter the reason why the employee is no longer working.
Expected Date of Recall (If Applicable)	If the employee will be recalled, enter that date (month/day/year)

Please provide the form to the employee as soon as possible upon separation from employment to ensure that UC forms are mailed to the proper location.

*If an employee has quit or been discharged, please send an employer-completed copy of the UC-1609P to the closest Unemployment Compensation Service Center, as listed on Page 2.

UC SERVICE CENTER ADDRESSES AND FAX NUMBERS

Allentown UC Service Center
160 W. Hamilton St., Suite 500
Allentown PA 18101-1994
FAX: 610-821-6281

Altoona UC Service Center
1101 Green Avenue
Altoona PA 16601-3483
FAX: 814-941-6801

Duquesne UC Service Center
14 North Linden Street
Duquesne PA 15110-1067
FAX: 412-267-1475

Erie UC Service Center
1316 State Street
Erie PA 16501-1978
FAX: 814-871-4863

Indiana UC Service Center
630 Kolter Drive
Indiana PA 15701-3570
FAX: 724-599-1068

Lancaster UC Service Center
36 East Grant Street
Lancaster PA 17602-2831
FAX: 717-299-7557

Scranton UC Service Center
30 Stauffer Industrial Park
Taylor PA 18517-9625
FAX: 570-562-4872

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program