

# Auxiliary Services Mobile Unit

## Form SF-239U Instructions

### 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 for initial request before submitting form to the area coordinator.

ODE Section Area coordinator will verify all math is correct on Form SF-239U. If correct, sign Form SF-239U for approval.

The area coordinator shall submit the approved Form SF-239U to the mobile unit payment administrator via email at [schoolfinance@education.ohio.gov](mailto:schoolfinance@education.ohio.gov).

The mobile unit payment administrator will process the request for payment in accordance with ODE fiscal policy.