County Unemployment Compensation Program

_____ County

Enrollment Form for _____ Quarterly Payment

Employee Name	PSU ID# (if applicable)	Date Hired	Quarterly Gross Salary	Salary Funding Source(s)	1% Payment

CED Signature _____ **Total Amount Due** _____

Date _____

Make checks payable to: "The Pennsylvania State University"
Mail checks to: Kim McClelland, 323 Ag Administration Bldg., University Park, PA l6802

FORM UC1
CoopExt 11/09