

Kentucky Labor Cabinet  
Office of Unemployment Insurance  
Integrity Branch  
500 Mero Street, 4-SC  
Frankfort, KY 40601  
Phone: (502)564-2387

**Overpayment and Fraud Detection**

EMPLOYER  
ADDRESS

Mailing Date:  
Claimant:  
SSN:  
Case #:

**Employer Instructions:**

This agency is auditing an Unemployment Insurance claim filed by the individual named on this form. Please provide information for all **past** weeks listed on the back of this form.

For the purpose of Unemployment Insurance, wages are considered to be earned during the week the work is performed, regardless of when the claimant is paid for the work. A benefit week begins on Sunday and ends the following Saturday. **Please enter the gross wages earned for the claimant during the week(s) specified on the UI 203.**

**If your payroll is in a form other than a calendar week (Sunday to Saturday), please make the necessary calculations to ensure that wages shown on the form are for the calendar week and represent the period for which wages were earned, not paid.** Please enter the individual’s gross wages for the week and show the total hours worked each day of the week in the appropriate box. Please identify Vacation, Holiday, Sick Pay, Wages in Lieu, Severance Pay, Pension and/or Other. If no wages were earned, enter “None” in the gross wages space.

The UI-203 is the agency’s way of safeguarding the employer’s reserve account. By completing this audit form you will be enabling us to prevent possible fraud. If future weeks are reflected on this form, information should be provided *only up to the current week*. **Please do not hold the form until the future weeks expire. Sign, date and return the UI 203 within 10 days of the mailing date on the form.**

**Wage audits are our most effective method of detecting Unemployment Insurance Fraud.** If the claimant referenced above has never worked for you **or** if the social security number listed does not correspond to the one you have for the individual, please indicate on the form and return to us. Your efforts will help us maintain the integrity of the Kentucky Unemployment Insurance Program.

**NOTE: COMPLETION OF THIS FORM IS REQUIRED UNDER KENTUCKY UNEMPLOYMENT COMPENSATION REGULATION 787 KAR 1:010 AND KRS 341.190.**

**YOU NOW HAVE THE OPTION TO PROVIDE THE RESPONSE TO THIS FORM ELECTRONICALLY. PLEASE VISIT OUR WEBSITE AT <https://kewes.kv.gov>. FOR ADDITIONAL INFORMATION AND TO SIGN UP FOR THESE SERVICES.**

*Please do not fax, mail only to the address shown above. No attachments accepted.*

**¡IMPORTANTE!** Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

**INMEDIATAMENTE:** Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 502 564-2387.

