

<b>EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210</b>	<b>CLASSIFICATION</b> UI
	<b>CORRESPONDENCE SYMBOL</b> OWS DU10
	<b>DATE</b> November 1, 2005

**ADVISORY:** UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 03-06

**TO:** STATE WORKFORCE AGENCIES

**FROM:** Cheryl Atkinson s/s  
Administrator  
Office of Workforce Security

**SUBJECT:** Form ETA 581, Contribution Operations

1. **Purpose.** To announce the Office of Management and Budget's (OMB) approval of the extension of Form ETA 581, Contribution Operations.
2. **Background.** The Contribution Operations report (ETA 581) is a comprehensive report of each state's unemployment insurance tax operations and is essential in providing quarterly tax operations performance data. ETA 581 data are used in monitoring and measuring program performance and in making projections and forecasts in conjunction with the budgetary process.
3. **OMB Approval.** The reporting requirements for Form ETA 581 have been approved by OMB according to the Paperwork Reduction Act of 1995, under OMB approval No. 1205-0178, through October 31, 2008. Respondents' obligation to reply to these reporting requirements is required to obtain or retain benefits (SSA 302(a)). Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.
4. **Burden Disclosure Statement.** The public reporting burden for this collection of information is estimated to average 8.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and submitting the data in the required report form. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0178).
5. **Action Required.** State Administrators are requested to provide the above information to appropriate staff.
6. **Inquiries.** Direct inquiries to the appropriate Regional Office.

<b>RESCISSIONS</b> None	<b>EXPIRATION DATE</b> October 31, 2008
----------------------------	--