

**NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED**

Name  
Address  
City, State ZIP

Mail Date: 00/00/0000  
Corrected Mail Date: 00/00/0000  
New Claim: 0000 00000000  
Additional Claim: 0000

**ACTION REQUIRED**

1. Gather the necessary facts for this claim.
2. Complete the reverse side of this form.
3. Mail this response within 10 calendar days of the above mail date to the address shown above.

**Failure to respond within 10 calendar days may result in an increased employment tax rate and employer penalties.**

You received this notice because the claimant shown below filed a claim for unemployment insurance benefits and listed you as his/her most recent employer. The claimant provided the following information:

Claimant's Name: XXXX XXXX  
Effective Date of Claim: 00/00/0000  
Reason for Separation: XXXX

Social Security Number: XXX-XX-0000  
Last Date Worked: 00/00/0000

**REPORTING FACTS**

The law requires you to submit any facts in your possession which may affect a claimant's eligibility for benefits. These facts will be used in determining the claimant's eligibility for benefits. Provide information to the Employment Development Department (EDD) if this claimant:

- Voluntarily quit, was discharged, or fired.
- Is working, whether full-time or part-time.
- Performed services as a sports or athletic participant.
- Is a school employee and has a contract for or reasonable assurance of returning to work following a recess.
- Left work because of a strike or trade dispute.
- Has refused employment.
- Is not legally entitled to work in the U.S.
- Is not able to work, available for work, or seeking work.
- Is receiving a pension.

**TIME LIMITS FOR REPLYING**

Submit facts in writing to the EDD in the envelope provided within 10 calendar days from the above mail date to be considered timely. If your mailing is late, explain your reason for delay as the time limit may be extended only for good cause. If you respond timely, you will be issued a written notice of the EDD's determination concerning the claimant's eligibility which will provide you with appeal rights. In addition, if facts are submitted regarding a quit or discharge, you will be issued a ruling as to whether your reserve account will be subject to charges if you are a tax-rated employer. If you respond untimely, the EDD will still consider the facts provided by you. However, you may not be issued a written notice of the EDD's determination, including appeal rights, unless the EDD determines that you had good cause for the delay. If you acquire facts that could not have reasonably been known within this 10-day response period, provide these facts to the EDD within 10 calendar days of acquiring them.

**ELIGIBILITY DETERMINATION INTERVIEW**

It may be necessary to contact you by phone or letter for additional eligibility information. If no response is received, the EDD is required to make an eligibility determination based on available information.

**EMPLOYER REQUIREMENTS AND POTENTIAL PENALTIES**

The California Unemployment Insurance Code (CUIC) provides penalties for employers who:

- Willfully make false statements or representations, or willfully fail to report a material fact in connection with a separation issue or a written statement concerning reasonable assurance of a claimant's reemployment (CUIC Section 1142).
- Willfully make a false statement or knowingly fail to disclose a material fact to obtain, increase, reduce, or defeat any payment of benefits (CUIC Section 2101).
- Fail to respond timely or adequately to requests of the Department for information and are at fault for causing overpayment of benefits (CUIC Section 803(d), 821(c), and 1026.1).

For more information on fraud and penalties, visit [www.edd.ca.gov](http://www.edd.ca.gov) and select the Fraud and Penalties link.

Did you know? You can electronically receive and respond to future requests for separation information by using the State Information Data Exchange System (SIDES). To get started, visit the SIDES web page at [www.edd.ca.gov/SIDES](http://www.edd.ca.gov/SIDES).

Check this box if you are an agent or third party administrator **and** no longer represent this employer. Complete the Employer and Contact Information section below and return this form to the EDD.

**Reporting Facts:**

Claimant's Social Security Number (from your payroll records):  X X X - X X - 0 0 0 0

Claimant's Job Title:  XXXX  Rate of Pay \$:  00.00  per:  XXXX

Last Date Physically Worked:  XXXX  Length of Employment:  XXXX

Date of Separation (if different from last date physically worked):  MM/DD/YYYY

Name of immediate supervisor:  XXXX

**Reason for Separation (Check only one):**

Voluntary Quit       Misconduct/Fired       Laid Off/Lack of Work\*       Trade Dispute

Who did the claimant notify of the quit?/Who terminated the claimant?  XXXX

Person's Job Title:  XXXX

**\*Do not submit this form to the EDD if the claimant was laid off due to lack of work and no other eligibility issues exist.**

Provide a brief explanation of the **final incident** that resulted in the claimant's separation:

XXXX

**Compensation:**

Check this box if you paid or will pay any compensation, aside from regular salary, covering any time on or after the effective date of this claim. **Do not** check this box if the claimant has been separated from your employ for an indefinite period and has or will receive only vacation pay.

If you checked the box, please provide the following information:

Amount \$:  00.00  Type of Payment:  XXXX  for period from  MM/DD/YYYY  through  MM/DD/YYYY

**Employer and Contact Information:**

Employer Name:  XXXX

Employer Payroll Tax Account Number: 

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By signing below, I certify that I am an authorized representative and the information provided in response to this notice is true and correct. I understand that any false statement, false representation, or failure to report a material fact may result in employer penalties and charges.

Print Name:  XXXX  Phone No:  000 - 000 - 0000  Ext.:  000

Signature: \_\_\_\_\_ Title:  XXXX  Date:  MM/DD/YYYY