

EDD OFFICE NAME
P.O. BOX
CITY

CA ZIP CODE



NOTICE OF DETERMINATION / RULING

SSA NUMBER 000 00 0000

DATE MAILED 00 / 00 / 00
BENEFIT YEAR BEGAN 00 / 00 / 00

CLAIMANT'S NAME
CLAIMANT'S ADDRESS
CITY CA ZIP CODE

EDD TELEPHONE NUMBERS:
ENGLISH (800) 300-5616
SPANISH (800) 326-8937
CANTONESE (800) 547-3506
VIETNAMESE (800) 547-2058
OUTSIDE CA (800) 250-3913
TTY (800) 815-9387

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1256 BEGINNING 00 / 00 / 00 AND CONTINUING UNTIL YOU RETURN TO WORK AFTER THE DISQUALIFYING ACT AND EARN \$ 000.00 OR MORE IN BONA FIDE EMPLOYMENT, AND YOU CONTACT THE ABOVE OFFICE TO REOPEN YOUR CLAIM.

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1275A BEGINNING 00 / 00 / 00 UNTIL YOU HAVE FILED A CLAIM FOR EACH OF 00 WEEKS IN WHICH YOU ARE OTHERWISE ELIGIBLE FOR BENEFITS.

YOU QUIT YOUR LAST JOB WITH (EMPLOYER NAME). YOU HAVE NOT SHOWN THAT THE QUIT WAS NECESSARY OR THAT YOU HAD EXPLORED ALL REASONABLE OPTIONS BEFORE QUITTING. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1256 PROVIDES – AN INDIVIDUAL IS DISQUALIFIED IF THE DEPARTMENT FINDS HE/SHE VOLUNTARILY QUIT HIS/HER MOST RECENT WORK WITHOUT GOOD CAUSE OR WAS DISCHARGED FOR MISCONDUCT FROM HIS/HER MOST RECENT WORK. SECTION 1260A PROVIDES – AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1256 IS DISQUALIFIED UNTIL HE/SHE, SUBSEQUENT TO THE DISQUALIFYING ACT, PERFORMS SERVICES IN BONA FIDE EMPLOYMENT FOR WHICH HE/SHE RECEIVES REMUNERATION EQUAL TO OR IN EXCESS OF FIVE TIMES HIS OR HER WEEKLY BENEFIT AMOUNT.

YOU GAVE THE DEPARTMENT INCORRECT INFORMATION CONCERNING YOUR CLAIM. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1257A PROVIDES – AN INDIVIDUAL IS DISQUALIFIED IF HE/SHE WILLFULLY MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION TO OBTAIN BENEFITS. SECTION 1260C PROVIDES – AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1275A IS INELIGIBLE FOR BENEFITS FROM 2 TO 15 WEEKS IF BENEFITS WERE NOT PAID AS A RESULT OF THE MISSTATEMENT OR OMISSION. HE OR SHE MUST SUBMIT A CONTINUED CLAIM FORM TO THE FIELD OFFICE TO COVER EACH WEEK AND MEET ALL ELIGIBILITY REQUIREMENTS. NO BENEFITS ARE PAYABLE FOR THREE YEARS FROM THE ORIGINAL EFFECTIVE DATE OF THIS DISQUALIFICATION UNLESS IT IS SATISFIED AT AN EARLIER DATE AND YOU ARE OTHERWISE ELIGIBLE.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

- A. WRITE A LETTER STATING THAT YOU WANT TO APPEAL. EXPLAIN WHY YOU DO NOT AGREE. WRITE YOUR SOCIAL SECURITY NUMBER ON YOUR LETTER (TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 5022).
- B. MAIL YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ABOVE (TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 5023).
- C. FILE YOUR APPEAL WITHIN TWENTY (20) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 00 / 00 / 00.

YOUR HANDBOOK, A GUIDE TO UNEMPLOYMENT INSURANCE BENEFITS, GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE ABOVE OFFICE.

APPEAL INFORMATION:

WHEN YOUR APPEAL IS RECEIVED, YOUR CASE WILL BE REVIEWED. IF THE DECISION IS STILL THE SAME, WE WILL SEND YOUR APPEAL TO THE OFFICE OF APPEALS. IF YOU APPEAL AFTER THE 20 DAYS, YOU MUST GIVE A GOOD REASON FOR THE DELAY OR THE ADMINISTRATIVE LAW JUDGE MAY DISMISS YOUR APPEAL.

THE OFFICE OF APPEAL WILL SEND YOU A LETTER WITH THE DATE, PLACE, AND TIME OF YOUR HEARING AND A PAMPHLET EXPLAINING APPEAL HEARING PROCEDURES. AT THE HEARING, THE ADMINISTRATIVE LAW JUDGE WILL LISTEN TO YOU, EXAMINE THE FACTS, AND MAKE A DECISION. YOU MAY HAVE A REPRESENTATIVE OR SOMEONE ELSE HELP YOU.

IF YOU ARE CLAIMING BENEFITS:

WHILE YOU WAIT FOR THE JUDGE'S DECISION, YOU MUST MAIL YOUR CLAIM FORMS.

IF YOU DO NOT GET CLAIM FORMS OR A HEARING LETTER, CONTACT THE ABOVE OFFICE. IF THE JUDGE DECIDES YOU CAN BE PAID, WE CAN ONLY PAY IF CLAIM FORMS WERE RECEIVED.

OTHER SERVICES: CONTACT EDD FOR INFORMATION ABOUT (1) JOB REFERRALS, (2) DISABILITY INSURANCE, (3) OTHER EDD SERVICES (4) SERVICES OFFERED BY OTHER AGENCIES.

(EDD DIRECTOR'S NAME)