Employment Development Department
State of California

NEW EMPLOYEE REGISTRY BENEFIT AUDIT

REPLY IS REQUIRED BY LAW
Please return **all** Benefit Audit forms. This information could be the basis for administrative penalties against a claimant and accuracy is extremely important.

See enclosed instructions for step-by-step assistance. For additional clarification, **call 1-866-401-2849, or visit the EDD Web site at www.edd.ca.gov.**

Social Security No. (SSN):
Employee Name:

SAMPLE

1. If the **INDIVIDUAL WORKED** or had earnings, complete items **2 through 6. Report regular earnings when worked, not paid.** If earnings are zero for **all** of the weeks listed, complete **only** items **2 and 6**.

2. Start-of-Work Date (SWD) provided: _____ If not correct, enter **ACTUAL SWD/Not Hire Date:**_____
☐ Still employed Last day worked: _____ Return-to-work Date: _____ Separation reason: _____

3. Compare the SSN and name shown above with your records. If different, provide the information below:
SSN: ___ - ___ - _____ NAME: _____ Employee date of birth: _____
Please complete the audit even if the SSN or name is different.

4. How earned: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly
Rate Earned: Hourly at $_____ per hour Salary of $_____ per _____ Other _____

5. Type of earnings**:** RE=Regular (including overtime) V=Vacation H=Holiday Pay R=Residuals
S=Severance Pay C=Commissions P=Piece Work O=OTHER _____

WEEK BEGINS MM/DD/YYYY	CIRCLE DAYS WORKED S M T W T F S	WEEK ENDS MM/DD/YYYY	TOTAL HOURS	GROSS EARNINGS	CIRCLE TYPE OF EARNINGS BELOW
					RE V H R S C P O
					RE V H R S C P O
					RE V H R S C P O
					RE V H R S C P O
					RE V H R S C P O
					RE V H R S C P O
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					RE V H R S C P O

6. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ TITLE: _____ DATE: _____
TELEPHONE NO.: _____ FAX NO.: ____ - ____ - _____

Person (if other than above) to be contacted for additional information:
NAME: _____ TITLE: _____ TELEPHONE NO.: ____ - ____ - _____

Please return **ALL** New Employee Registry Benefit Audits within 10 days of receipt to:
EMPLOYMENT DEVELOPMENT DEPARTMENT, P.O. BOX 2410, RANCHO CORDOVA, CA 95741-2410

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