

SAMPLE, this page for reference only

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 assessed against a claimant and may impact your benefit charges. Accuracy is extremely important.

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

Social Security no. (SSN): 000-00-0000
Employee Name:

FIRST M LAST

NAME 1
NAME 2
NAME 3
123 SOMETHING AVE
SAMPLE CITY, CA 99999-0000

ER NAME

000-0000 00

BYB 09/12/2019 A M1

<p>➤ If the INDIVIDUAL WORKED or had earnings, complete items 1 through 7. Report earnings when worked, not when paid.</p> <p>➤ If earnings are zero for all of the weeks listed, complete only items 1, 2, 3 and 7.</p>																						
<p>1. Compare the SSN and Employee Name shown above with your records. If different, provide the information below: SSN: _____ - _____ - _____ Name: _____ Date of Birth: _____</p>																						
<p>2. Start-of-Work Date previously reported: _____ If not correct, enter Actual Start-of-Work Date (Not the Hire Date): _____</p>						<p>4. Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Start Date: _____ End date: _____</p>				<p>6. Type of Earnings: (check all that apply) <input type="checkbox"/> R=Regular/Overtime/Orientation <input type="checkbox"/> T=Training <input type="checkbox"/> V=Vacation <input type="checkbox"/> S=Sick Pay <input type="checkbox"/> H=Holiday <input type="checkbox"/> O=Other _____ (Commission, Tips, Bonus, etc.) <input type="checkbox"/> Teacher/Professor/Lecturer (Provide a copy of the contract)</p>												
<p>3. Still employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, last day physically worked: _____ Separation reason: <input type="checkbox"/> Laid off/Lack of work <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Misconduct/Fired <input type="checkbox"/> Other: _____</p>						<p>5. Rate of Pay: Hourly \$ _____ Salary \$ _____ Per ____ Other _____</p>																
Week Begins	Number of hours worked for each day							Week Ends	Gross Earnings	Number of hours for each pay type below, if applicable												
	S	M	T	W	TH	F	S			R	T	V	S	H	O							
<p>7. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</p> <p>NAME: _____ SIGNATURE: _____ TITLE: _____</p> <p>DATE: _____ PHONE NO: _____ ADD'L PHONE NO: _____ FAX NO: _____</p>																						

**PLEASE RETURN ALL NEW EMPLOYEE REGISTRY BENEFIT AUDITS WITHIN 10 DAYS OF RECEIPT TO:
 EMPLOYMENT DEVELOPMENT DEPARTMENT, PO BOX 989885, WEST SACRAMENTO, CA 95798-9895**