

2020
Unemployment Insurance
Information Manual

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Santa Clara County  Office of Education

Unemployment Insurance Informational Manual

Overview of the Unemployment Insurance (UI) system and claims processing procedures

<u>Agenda and Contents</u>	<u>Page Number</u>
1. Introduction	
2. Funding and Tax Rates	1
• LEC Rates for Santa Clara County Districts	2
• LEC Rates for San Benito County Districts	3
3. UI Claim Forms & District Responsibilities	
• DE 428F - Statement of Benefit Charges	4
• DE 1296B - Benefit Audit	6
• DE 1326 ER - Request for Additional Information	8
• Base Period Definition	10
• DE 1919 - Request for Wages-Alternate Base Period	11
• DE 1101C/Z - Notice of UI Claim Filed	13
• Out of State/UI Claim Forms	16
• UI Code Sections (Authorizing release of information)	17
4. Issues of Eligibility	
• Reasonable Assurance (RA) - Concept and Definition	18
Eligibility during a Recess Period	19
Offers of Work during Summer Recess	20
Eligibility of Substitutes during a Recess Break	20
Summer School Planning	20
Instruction for Letters of RA	21
Letter for Classified Employees w/RA	22
Letter for Classified Employees w/ <u>no</u> RA	23
Letter for Laid-off Class. w/ Bumping Right	24
Letter for Substitute Teachers	25
Letter for Newly Hired/Rehired Employees	26
Letter for Hourly/Adult Ed Teachers	27
Sample RA Spreadsheet	28
• Separation Issues - Required Notification to Separated Employees	29
Lay-offs, Quits, Discharges, Employer False Statement	
• Non Separation Issues - Availability, Job Refusals, Wages	31
Info to Report for Substitute UI Claims	
5. Notice of Determination	32
6. Restriction to hire retired employees who have received UI	34

Funding

Unemployment Insurance (UI) Taxes

- **Employers pay for UI benefits.**
Employers pay for UI benefits not employees.
- **School employers pay two types of UI taxes.**
All school employers pay a UI tax on their quarterly payroll. Some school employers must also pay a quarterly local experience charge. Taxes are paid to the State of California, School Employees Fund (SEF).

1. UI Payroll Tax

Each school district pays a set tax on the total of all regular gross wages paid during a quarter. This tax rate is announced by SEF by the end of March each year and becomes effective July 1st of the next fiscal year.

- 2020/21 UI TAX RATE - 0.05%
- 2019/20 UI TAX RATE - 0.05%
- 2018/19 UI TAX RATE - 0.05%
- 2017/18 UI TAX RATE - 0.05%
- 2016/17 UI TAX RATE - 0.05%

2. Local Experience Charge (LEC)

Some districts pay a quarterly LEC. This charge ranges from 5 - 15% of the total unemployment benefits paid to employees each quarter.

Each district's rate, 0%, 5%, 10% or 15% is determined by the ratio of the district's reserve balance in the SEF to the benefits charged in the prior year. Districts with the lowest reserve ratio will be charged 15%.

If your district has an LEC rate above 0%, it may be due to recent layoffs or reductions in work force. You may have an LEC charge if your district uses many temporary and substitute employees. If you are a small district, one large claim will negatively impact your reserve ratio. If you are a community college district, you will likely have an LEC charge since you are liable for recess claims filed by part-time instructors.

SANTA CLARA COUNTY LOCAL EXPERIENCE CHARGE RATE

DISTRICT NAME	2016/17	2017/18	2018/19	2019/20	2020/21
90 SANTA CLARA COE	0	0	0	0	0
ACE (Charter)	15	15	15	15	
04 ALUM ROCK ELEM	0	0	0	0	0
07 BERRYESSA ELEM	0	0	0	0	0
08 CAMBRIAN ELEM	0	0	0	0	0
51 CAMPBELL UNION HSD	0	0	0	0	0
09 CAMPBELL ELEM	0	0	0	0	0
CHARTER SCH OF MORGAN HILL	0	0	0	0	
10 CUPERTINO UNION ELEM	0	0	0	0	0
52 EAST SIDE UNION HSD	0	0	0	0	0
12 EVERGREEN ELEMENTARY	0	0	0	0	0
71 FOOTHILL/DE ANZA	15	15	15	15	15
13 FRANKLIN MCKINLEY	0	0	0	0	0
53 FREMONT UNION HSD	0	0	0	0	0
72 GAVILAN COMM COLL	15	15	15	15	15
83 GILROY UNIFIED	0	0	0	0	0
17 LAKESIDE ELEM	0	0	0	0	0
LEADERSHIP PUBLIC SCHOOLS (Charter)	15	15	15	15	
19 LOMA PRIETA ELEM	0	0	0	0	0
20 LOS ALTOS ELEM	0	0	0	0	0
21 LOS GATOS ELEM	0	0	0	0	0
56 LOS GATOS/SARATOGA HSD	0	0	0	0	0
22 LUTHER BURBANK ELEM	15	15	15	15	15
MAGNOLIA SCIENCE ACADEMY-SANTA CLARA	15	15	15	15	
62 METROPOLITAN EDUC DIST	15	15	15	15	15
85 MILPITAS UNIFIED	0	0	0	0	0
26 MORELAND ELEM	0	0	0	0	0
84 MORGAN HILL UNIFIED	0	0	0	0	0
28 MOUNT PLEASANT ELEM	0	0	0	0	0
29 MOUNTAIN VIEW WHISMAN	0	0	0	0	0
57 MTN VIEW/LOS ALTOS HSD	0	0	0	0	0
63 NORTH COUNTY ROP- Joined SEF July 09	10	15	15	15	15
30 OAK GROVE ELEM	0	0	0	0	0
31 ORCHARD ELEM	15	15	15	15	15
81 PALO ALTO UNIFIED	0	0	0	0	0
76 SAN JOSE COMM COLL	15	15	15	15	15
S.J. CONSERVATION CORPS (Charter)	15	15	15	15	
82 SAN JOSE UNIFIED	0	0	0	0	0
88 SANTA CLARA UNIFIED	0	0	0	0	0
36 SARATOGA ELEM	0	0	0	0	0
SOUTH BAY REGIONAL PSTC	0	0	10	15	15
37 SUNNYVALE ELEM	0	0	0	0	0
39 UNION ELEM	0	0	0	0	0
75 WEST VALLEY COMM COLL	5	10	15	15	15

San Benito County
Local Experience Charge Rate

DISTRICT NAME	2016/17	2017/18	2018/19	2019/20	2020/21
SAN BENITO COE	15	15	15	15	15
AROMAS/SAN JUAN	0	0	0	0	0
BITTERWATER-TULLY UNION	0	0	0	0	0
CIENEGA UNION	0	0	0	0	0
HOLLISTER	0	0	0	0	0
JEFFERSON	15	15	15	15	15
NORTH COUNTY JUHSD	0	0	0	0	0
PANOCHÉ	15	15	15	15	15
SAN BENITO JUHSD	0	0	0	0	0
SOUTHSIDE	15	15	15	15	15
TRES PINOS UNION	0	0	0	0	15
WILLOW GROVE	15	15	15	15	15

DE 428F
Statement of Benefit Charges
To School Employee Fund (SEF)
Employer Reserve Account

Purpose:	Notifies employer which employees drew UI benefits and how much they were paid
Issued by:	Employment Development Department
Issued to:	Employer
Mailed to:	COE or employer's address of record
District Action:	COE/UI will forward a copy of the Benefit Charges with the quarterly Local Experience Charge Statement to the district. Please review the list and call COE/UI at (408) 453-6582 if you have any questions about a claimant's eligibility for benefits.

Letter ID: L1980753600
 Issued Date: January 24, 2018
 Account ID: 942-4400-1
 236150784_P1135_E1030

SANTA CLARA COUNTY OFFICE OF EDUCATION
 1290 RIDDER PARK DRIVE, # 264
 SAN JOSE, CA 95131-2304

SCHOOL EMPLOYEE'S FUND EMPLOYER
 STATEMENT OF BENEFIT CHARGES

TOTAL CHARGE
(PLEASE DO NOT PAY)
\$1870.00

BENEFIT CHARGES FROM
 October 1, 2017, THRU December 31, 2017

YOUR ACCOUNT NUMBER: 942-4400-1

CLAIMANT SSN	CLAIMANT NAME	CLM DATE	CLM TYPE	CHG QTR	EMPLYR CHRG	CHG CODE	PGM CODE
111-11-1111	B DEGREG	07/02/2017	A	12/31/17	1,840.00		00
222-22-2222	J DOE	10/08/2017	A	12/31/17	-3.00		00
333-33-3333	S MEYERS	09/17/2017	A	12/31/17	33.00	6	00

DE 1296 B
Benefit Audit

Purpose: To clarify if there is an overlap of wages earned and Unemployment benefits collected

Issued by: Employment Development Department (EDD)

Issued to: Employers who reported wages which overlap with weeks that a claimant received UI benefits

Mailed to: Employer's address of record

Deadline: **10 days** from the mailing date

District Action: Verify the claimant's earnings

- Keep in mind EDD's weeks are from Sunday to Saturday.
- Complete form, keep a copy and **mail form directly to EDD.**

BENEFIT AUDIT

Por favor llamar al 1-866-401-2849
si necesita instrucciones en Español

REPLY IS REQUIRED BY LAW

Please return **ALL** Benefit Audit forms.

See enclosed instructions for step-by-step assistance.
For additional clarification, call 1-866-401-2849.

1. If this **INDIVIDUAL WORKED** or had earnings, complete Items 2 through 6. For regular earnings, report when actually worked.

If **EARNINGS ARE ZERO** for all of the weeks listed, **CHECK HERE** and complete Item 6. No other entries are necessary.

Social Security No. (SSN):
Employee Name:

Week Begins	Week Ends	2. Gross Earnings	3. Circle Earnings Type Below	RE=Regular Earnings (includes overtime) V=Vacation Pay H=Holiday Pay S=Severance Pay O=Other (indicate type) _____ R=Residuals C=Commissions P=Piece Work
				4. Provide the following information: Actual First Day Worked: _____ Still Employed <input type="checkbox"/> or Actual Last Day Worked: _____ Additional dates (i.e., laid off, returned to work) and/or reason for separation: _____ 5. Compare the name and SSN shown above with your records. Enter any differences below: SSN: _____ Name: _____ Please complete the audit even if name or SSN is different. 6. I hereby certify that the information provided is true and correct to the best of my knowledge. SIGNED: _____ Title: _____ Date: _____ Telephone No.: _____ Person (if other than above) to be contacted for additional information: Name: _____ Telephone No.: () _____ Please return ALL Benefit Audits within 10 days of receipt to: EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) P.O. BOX 3038 SACRAMENTO, CA 95812-3038

DE 1326 ER
Request for Additional Information

Purpose:	To identify possible identity fraud
Issued by:	Employment Development Department (EDD)
Issued to:	Employer
Deadline:	10 days from the date it was mailed (shown in upper right hand corner)
District Action:	You do not need to complete the form if the employee would be entitled to file for UI and you have no question about their identity. If you suspect possible fraud because the employee is working full-time, or if your employee has a different SSN or name, complete form and <u>mail directly to EDD.</u>

Office Address:

EMPLOYMENT DEVELOPMENT DEPARTMENT
PO BOX 2190
RANCHO CORDOVA, CA 95741-2190



REQUEST FOR ADDITIONAL INFORMATION

Mail Date: str012

Name and Address of Employer

Claimants Name
Claimants Address
Claimants City, State, ZIP Code

EDD TOLL FREE PHONE NUMBER:
1-866-401-2849

You are receiving this notice because the Employment Development Department (EDD) identified a potential eligibility issue with the Unemployment Insurance (UI) claim of the individual named below. Compare the following information to your records to help ensure benefits are paid to claimants legally entitled to receive them, and your account is charged correctly.

Social Security number (SSN):

Claim Effective Date:

Name:

Control #:

If one or more of the following apply, then complete and return this form in the enclosed envelope within 10 calendar days after the above mail date:

- The SSN and/or name above do not match your records, **OR**
- The individual named above is still currently/actively working for you, **OR**
- There is reason to believe this may potentially be a fraudulent claim.

If you submit this form, provide the following information:

1. Other SSN(s) and/or name(s) the employee used when working:

2. Gender: Male Female

3. Dates of employment: First day of work: _____

Last day of work: _____ **OR** Still working: Full-time Part-time On-call

4. Last known residence address: _____

Mailing address (if different than above): _____

Phone number: _____

Date this information was last known to be valid: _____

5. Copies of any identity-related documentation (document the above SSN on each copy), such as:

- A copy of the Form I-9, *Employment Eligibility Verification* signed by the employee.
- A copy of the most recent W-2 issued to the employee.
- A copy of the employee's photo identification (ID) card.

DO NOT INCLUDE ANY OTHER EDD CORRESPONDENCE WHEN RETURNING THIS FORM IN THE ENCLOSED ENVELOPE, AS IT WILL DELAY THE PROCESS.

Respond separately to any and all future notices you may receive on this Social Security number.

I hereby certify that the information submitted is true and correct to the best of my knowledge.

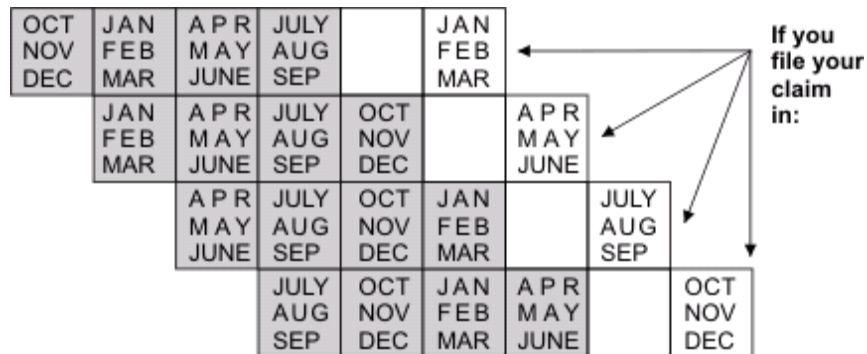
Signature:	Date:
Name/Title:	Phone:

Authority cited: Sections 1085 and 1092 of the California UI Code.

Base Period

Purpose: To calculate the claimant's weekly and maximum benefit amounts, the Employment Development Department (EDD) looks at the wages the claimant earned during a 12-month period. This period is known as the base period.

The base period is determined by the date the claim is filed. It includes the first 4 quarters of the last completed 5 quarters. For example:



Benefit Amount: The Weekly Benefit Amount is determined by the wages in the claimant's base period. The maximum award is \$450 per week. A claim is valid for 52 weeks from the date it was filed. The Maximum Benefit Amount for a claim is 26 times the Weekly Benefit Amount. In times of high unemployment, the number of weeks may be extended by federal triggers.

District's Liability: The district is only liable for Unemployment benefits if the district was an employer during the claimant's base period. If there is more than one employer in the base period, each employer will be liable for a percentage of the benefits based on the earnings.

Alternate Base Period

If a claimant cannot establish a valid claim using the above base period, they may attempt to establish a valid claim using wages from the most recent 4 completed quarters. The employer will be sent a DE 1919 to report this wage information.

DE 1919
Request for Wages

Purpose:	To establish a UI claim using an alternate base period when an employee is unable to establish a claim using wages earned in the normal base period
Issued by:	Employment Development Department (EDD)
Issued to:	Employer
Deadline:	Due date is noted on form
District Action:	Complete quarterly wage information requested and return directly to EDD.



19190412



Mailing Date: 12/27/2017

Case Number: 0002511600

GAVILAN JOINT COMMUNITY
5055 SANTA TERESA BLVD
GILROY CA 95020-9578

EDD Integrity and Accounting Division
PO BOX 989153
West Sacramento, CA 95798-9153
Phone: (916) 403-6484
Fax: (916) 449-1630

Employee Name: NANCY GARCIA

SSN:

The employee named above has filed a claim for Unemployment Insurance (UI) or Disability Insurance (DI) benefits and has listed your company as an employer. Please mail your response to the Employment Development Department (EDD) address, or fax to the number shown above by **01/06/2018**.

If this form is not returned and/or no wage information is received, the Department may use the Affidavit of Wages, DE 23A, from the employee and add wages as appropriate. For UI claims, it could result in charges to your account.

Please complete sections A through G below. For additional information, review the information on the back of this form or contact us at the number listed above.

A. EDD Employer Account/State ID Number: _____

B. Employee's first date worked: _____ C. Last day worked: _____

D. Termination date: _____

E. Are employee's wages subject to UI or DI in California? If NO, explain and skip sections F and G.

F. California taxable gross wages paid in the following quarters:

Quarter ending:	Quarter ending:	Quarter ending:	Quarter ending:	Quarter ending:
09/30/2016	12/31/2016	03/31/2017	06/30/2017	09/30/2017
\$	\$	\$	\$	\$

G. List any of the following types of monies paid on/after last day worked if it was paid during the above referenced timeframe:

Severance amount paid: \$ _____ Date Paid: _____

Accrued vacation/sick leave paid: \$ _____ Date Paid: _____

In-Lieu-of-Notice amount paid: \$ _____ Date Paid: _____

WARN Act amount paid: \$ _____ Date Paid: _____

Other amount paid: \$ _____ Specify type of pay: _____ Date Paid: _____

Comments: _____

Preparer's Name: _____

Telephone Number: () _____ Fax Number: () _____



610485865



0002511600



DE 1101C / Z
Notice of Initial Claim Filed

Purpose: To notify last employer of a **new or reopened** UI Claim

Issued by: Employment Development Department

Issued to: Claimant's last employer

Mailed to: Should be mailed to COE but may be mailed to district address provided by claimant

Deadline: Due date is **10 days** from the date it was mailed (shown in upper right hand corner)

District Action: Send via the UI secure portal @ <https://scan.scoec.org/Forms/UIStatus> or fax to (408) 453-3679.

Please do NOT fill out DE 1101 FORM.

Provide basic work history on a cover sheet:

- job title
- pay rate
- # hours working
- hire date
- last day worked (LDW)
- reason not working
- dates worked after date of claim
- dates declined or unavailable after date of claim
- if claim filed during a recess, does the employee have RA to return to work (RTW)
- name & phone # of supervisor

NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

Name
Address
City, State ZIP

Mail Date:
New Claim:
Additional Claim:

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:
Effective Date of Claim:
Reason for Separation:

Social Security Number:
Last Date Worked:

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 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.

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): _____ - _____ - _____

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

Last Date Physically Worked: _____ Length of Employment: _____

Date of Separation (if different from last date physically worked): _____

Name of immediate supervisor: _____

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? _____

Person's Job Title: _____

***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:

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 \$: _____ Type of Payment: _____ for period from _____ through _____

Employer and Contact Information:

Employer Name: _____

Employer Payroll Tax Account Number: _____

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: _____ Phone No: _____ - _____ - _____ Ext.: _____

Signature: _____ Title: _____ Date: _____

UI Claim Forms from Other States

Purpose:	To notify employer of new or reopened out-of-state UI claim
Issued by:	State agencies outside of California
Issued to:	Claimant's last employer
Mailed to:	Address/location given by claimant
Deadline:	As indicated on the form
District Action:	Send via the UI secure portal @ https://scan.sccoe.org/Forms/UIStatus or fax to (408) 453-3679.

Unemployment Insurance (UI) Code

The following UI Code sections authorize and require employers to relay information to the Employment Development Department (EDD).

UI Code Section:

2104. It is a violation of this chapter for any employing unit or any officer or agent of an employing unit to willfully and unlawfully fail to appear, testify, or produce books, papers, and records, required at any hearing under this division.
(Amended by Stats. 1986, CH. 724, Sec. 6)

2105. It is a violation of this chapter for any employing unit or any officer or agent of an employing unit to willfully and unlawfully fail or neglect to make available required records for the inspection of the director or his authorized representatives at any reasonable time during business hours.
(Amended by Stats. 1986, CH. 724, Sec. 7)

2106. It is a violation of this chapter for any employing unit or any officer or agent of an employing unit to willfully and unlawfully fail or neglect to furnish to the director reports required by him when necessary for the enforcement of this division.
(Amended by Stats. 1986, CH. 724, Sec. 8)

2107. It is a violation of this chapter for any employing unit, including a manager or managing member of a limited liability company, or any officer or agent of an employing unit or any individual to connive or conspire to aid such individual to obtain benefits to which he is not entitled by the willful withholding of information or by the willful failure to report any relevant information.
(Amended by Stats. 1994, CH. 1200, Sec. 85. Effective September 30, 1994)

2122.a violation of this chapter is punishable by imprisonment in the county jail not to exceed one year, or in the state prison, or by a fine of not more than twenty thousand dollars (\$20,000), or by both the fine and imprisonment, at the discretion of the court.
(Amended by Stats. 1986, Ch. 724, Sec. 26)

Reasonable Assurance **(Concept and Definition)**

Concept: When school is closed for a recess period such as winter, spring, or summer recess, school employees may file Unemployment Insurance (UI) claims. However, they should be ineligible for benefits if they have a **reasonable assurance** (RA) of returning to the same or similar work in the next school term. They may collect benefits against non-school employers, if such wages exist in their base period.

Definition of Reasonable Assurance: RA is a *commitment by the school employer to reemploy* the individual in the next term or in the resumed term, which is *communicated in an explicit manner* to the individual. Precedent Benefit Decision 501 mandates a written notice be issued 30 days prior to the end of the term for all **classified** employees.

Reasonable Assurance becomes an issue when:

1. A claim is filed during a recess period, and
2. The base period of the claim includes **school wages**

Recess Period is defined as:

1. Any week between two successive academic years or terms
2. Any holiday or recess period within a term (of at least one week duration) such as winter or spring break

Reasonable Assurance (Eligibility)

During a scheduled recess break, a school employee should be:

- **DISQUALIFIED** for Unemployment Insurance (UI) if they have reasonable assurance to return to the *same or similar position* at the end of the scheduled recess.

- **ELIGIBLE** for UI if:
 - 1) Employee does not have reasonable assurance to return to the *same or similar* position at the end of the recess.
 - 2) This is the *first* year of a reduction in the number of days worked.
 - 3) Employee hours or pay are substantially reduced (20% reduction is substantial).
 - 4) Employee offered employment for summer school session and then it was canceled (only eligible for period of summer school session).
 - 5) Employee services may be utilized during the recess period (e.g. substitute maintenance, clerical workers, teachers or aides who are on-call during the recess period).
 - 6) Employee did not receive proper notification of reasonable assurance (e.g. notice not sent 30 days prior to end of the term).

Special Issues During the Summer

Offers of Work:

Document the date of any offers extended during the summer.

If during the summer you offer work to a classified employee who was laid off at the end of the school year, document the date the offer was made (verbal or written), advise our office and issue the "Classified" letter of reasonable assurance (RA). If you hire a *new* classified employee or a new certificated or classified substitute, issue a "Newly Hired" letter of RA at the time of hire.

Eligibility of Substitutes:

Keep a separate, very limited summer school substitute list.

Substitutes who are on-call during the summer school session are entitled to UI benefits. Employers have the burden of proof to substantiate an employee is not on call. To control your liability, keep a separate summer school substitute list. Limit your summer school substitute list to only those employees that you actually anticipate a need for. Your district should set criteria for selecting substitutes to be placed on the summer school substitute list. Notify those employees who will be on call.

Summer School Planning:

Be aware of the effect your scheduling may have on UI.

If an individual is **offered** a summer school assignment, **and that assignment is subsequently canceled**, the individual may be eligible to draw UI benefits during the period of the canceled summer school assignment. The following suggestions are a means of providing control of job offers for summer school.

- Advise principals, lead teachers and others to make it clear to applicants that discussions held regarding summer school planning are entirely tentative, and do not constitute an offer to work in the summer session.
- Designate one district official to make offers of work to employees for summer school assignments.
- Notify summer school candidates who have not been selected to work.
- Notify substitutes you plan to use during the summer and advise them of the dates they will be on call.
- If an employee declines an offer of summer school, get their signature acknowledging decline.

Reasonable Assurance (RA) Letters

UI Code Section 1253.3 requires specific notification of RA to certain types of school employees.

- **Non-instructional (classified) Employees:**

1. **A written notice must be sent to all regular, hourly and substitute non-instructional, non-research & non-principal administrative employees.** This includes, but is not limited to, classified employees including instructional assistants, food service, clerical, yard duty, maintenance, and counselors.
2. You do not need to send it to 12-month employees *unless* they have at least one full *unpaid* week during a recess period.
3. Notification of RA **MUST be provided 30 days prior to the end of the school term.**
4. UI Code Section 1253.3 requires specific wording. **Do not** change the wording without consulting the UI Manager.

- **Certificated Substitutes**

This code section does not require Notification of Reasonable Assurance to return to work to certificated school employees, but **it is necessary to send notification to substitute teachers** so RA can be established.

- **Adult Ed & Hourly Instructors**

It is recommended to send notification to adult education/hourly instructors who have assurance of returning to the same or similar position. If their employment is contingent on enrollment or funding, they do not have RA and you would not send them notification.

Delivery of RA Notification

Employees should **sign and date** receipt of the RA letter. If that is not possible, mail the letter and keep a copy. The letter should include the address of the employee and the date it was mailed. Forward a copy of the alphabetized spreadsheet(s) of employees who received RA letters to our office. This will minimize the number of calls to your district to confirm if an employee has reasonable assurance to return to work.

Sample Letters of Reasonable Assurance

Attached are sample letters of RA to be issued for six different groups of employees.

- "Classified" employees who have RA to return to work
- "Classified" employees who do NOT have RA to return to work
- Laid off "classified" employees with bumping rights to a similar position
- Certificated substitutes who have RA to return to work
- Newly hired "classified" employees or certificated substitutes (hired after RA notices mailed in spring)
- Part-time, hourly, adult education instructors who have RA

**Sample RA Letter for
Classified Employees *with* Reasonable Assurance
(Includes classified *Substitutes*)**

- Issue to *all* classified employees who will return to the same/similar job in the next school term. This includes, but is not limited to, instructional assistants, food service, clerical, yard duty, maintenance, bus drivers, all classified substitutes and non-instructional employees, such as librarians and counselors.
- Does not need to be sent to 12 month classified employees unless they have at least a one week unpaid scheduled break during a recess period.
- Legally required per UI Code Section 1253.3 and must be issued at least **30 days prior** to the end of the school year/term. Any deviation, even by one day, will result in the employee being entitled to benefits during recess breaks and your district being liable for benefit charges.

TO: (Name of Employee)

FROM: (Name of Human Resources/Business Official)

SUBJECT: Notification of Reasonable Assurance for the 2020/21 School Year

DATE ISSUED: (Date notice is delivered or mailed)

You are hereby notified that you have reasonable assurance of returning to work in your usual capacity in 2020/21 school year, after the summer recess period. You also have reasonable assurance of returning to work at the close of all holiday and recess periods during that year. Your services will not be needed during the 2020 summer, unless you are notified in writing by (last day of school).

We are required by law to inform you that you may file an Unemployment Insurance (UI) claim. If you choose to file a claim, your entitlement to benefits will be determined by the Employment Development Department (EDD) and not by this school district. If you are not rehired after the recess period, you may be entitled to UI benefits retroactive to the date you filed an initial UI claim, if you are otherwise eligible and you filed a claim for each week, and if a claim for retroactive benefits is made within 30 days of the start of the next school year/term.

UI claims are filed on-line at www.edd.ca.gov or by telephone at 1(800) 300-5616. You will need to provide your Social Security Number and your last day worked. The address provided below should be given to EDD if you choose to file a claim:

(District Name)
1290 Ridder Park Dr. MC 264
San Jose, CA 95131

**Sample RA Letter for
Classified Employees who do NOT have Reasonable Assurance**

- Issue to **all** classified employees including classified substitutes, hourly classified and non-instructional employees, such as librarians and counselors, who **do not have reasonable assurance** to return to the same or similar job in the next school term.
- Legally required per UI Code Section 1253.3 and must be issued at least **30 days prior** to the end of the school year/term.
- The notice may be incorporated in their lay-off notification.

TO: (Name of Employee)

FROM: (Name of Human Resources/Business Official)

SUBJECT: Notification of Reasonable Assurance for the 2020/21 School Year

DATE ISSUED: (Date notice is delivered or mailed)

You are hereby notified that you do not have reasonable assurance of returning to work for us in the 2020/21 school year. You should file an Unemployment Insurance (UI) claim with the Employment Development Department (EDD) at the close of this school year/term.

UI claims are filed on-line at www.edd.ca.gov or by telephone at 1(800) 300-5616. You will need to provide your Social Security Number and your last day worked. The address provided below should be given to EDD when you file your claim:

(District Name)
1290 Ridder Park Dr. MC 264
San Jose, CA 95131

**Sample RA Letter for
Laid-off Classified Employees
With Bumping Rights to Job with Similar Hours/Pay**

- RECOMMENDED if it is determined that a laid-off classified employee has rights to bump into a **similar** position. A position is similar if there is less than a 20% reduction in hours or pay.
- Issue at least 30 days prior to the end of the school year unless it is not possible.

TO: (Name of Employee)
FROM: (Name of Human Resources/Business Official)
SUBJECT: Notification of Reasonable Assurance for 2020/21 School Year
DATE ISSUED: (Date notice is delivered or mailed)

If you choose to exercise your bumping rights, you are hereby notified that you have reasonable assurance of returning to work in a similar capacity in 2020/21 school year, after the summer recess period. You also have reasonable assurance of returning to work at the close of all holiday and recess periods during that year. Your services will not be needed during the 2020 summer, unless you are notified in writing by (the last day of school).

We are required by law to inform you that you may file an Unemployment Insurance (UI) claim. If you choose to file a claim, your entitlement to benefits will be determined by the Employment Development Department (EDD) and not by this school district. If you are not rehired after the recess period, you may be entitled to UI benefits retroactive to the date you filed an initial UI claim, if you are otherwise eligible and you filed a claim for each week, and if a claim for retroactive benefits is made within 30 days of the start of the next school year/term.

UI claims are filed by telephone (1-800-300-5616) or on-line at www.edd.ca.gov. You will need to provide your Social Security Number and your last day worked. The address provided below should be given to EDD if you choose to file a claim:

(District Name)
1290 Ridder Park Drive, MC 264
San Jose, CA 95131-2304

**Sample RA Letter for
Certificated Substitute Employees
Who Have Reasonable Assurance**

- Issue to all substitute teachers you plan to use in the same capacity during the next school term.
- Keep to one page or title second page: *Page 2-Reasonable Assurance Notice*.
- Issue **30 days prior** to the end of the school year term.

TO: (Name of Employee)
FROM: (Name of Human Resources/Business Official)
SUBJECT: Notification of Reasonable Assurance for the 2020/21 School Year
DATE ISSUED: (Date notice is mailed)

You are hereby notified that you have reasonable assurance of returning to work for us in the 2020/21 school year as an on-call substitute. You also have reasonable assurance of returning to work in a substitute capacity at the close of all holiday and recess periods during that year. Your services will not be needed during the 2020 summer, unless you are notified in writing by (last day of school).

To update our files, please complete the survey below. If we do **not** hear from you by (last day of school), we will assume that you are willing to work without any restrictions. Please check the appropriate box. Be sure to sign, date and return the sheet to Human Resources by (last day of school).

Please complete and return the entire sheet to Human Resources

- I am **NOT** interested in being called to substitute for the 2020/21 school year.
- I am interested in being called to substitute for the 2020/21 school year **without restrictions.**
- I am interested in being called to substitute with the following restrictions (indicate actual restrictions and not mere preferences):
- I AM **NOT** AVAILABLE FOR: Grade level(s): _____
Subject(s): _____
Additional Restrictions: _____
(Days, time, work site): _____

Signature

Date

Current Street Address, City, State, and Zip Code

Telephone

**Sample RA Letter for
Newly Hired /Rehired Employees**

- Issue to **all newly hired or rehired classified employees and certificated substitute employees** who did not receive the letter of reasonable assurance mailed in the spring. Notice can be incorporated in your districts new hire packet.
- **This notice should also be sent to laid-off teachers who sign up to substitute.** This will protect the UI Fund if the employee files a UI claim during the upcoming winter and/or spring recess breaks.
- Be sure to select the box to indicate if they are a Certificated Substitute or Classified employee.

TO: (Name of Employee)
FROM: (Name of Human Resources/Business Official)
SUBJECT: Notification of Reasonable Assurance for the 2020/21 School Year
DATE ISSUED: (Date notice is delivered)

Newly Hired Certificated Substitute Employees

You are hereby notified that you have reasonable assurance of returning to work in a substitute capacity at the close of all holiday and recess periods during the current school year.

Newly Hired Classified Employees

You are hereby notified that you have reasonable assurance of returning to work in your usual capacity at the close of all holiday and recess periods during the current school year. Your services will not be needed during the recess periods.

We are required by law to inform you that you may file an Unemployment Insurance (UI) claim during school recess periods. If you choose to file a claim, your entitlement to benefits will be determined by the Employment Development Department (EDD) and not by this school district. If you are not rehired after the recess period, you may be entitled to UI benefits retroactive to the date you filed an initial UI claim, if you are otherwise eligible and you filed a claim for each week, and if a claim for retroactive benefits is made within 30 days of the start of the next school year/term.

Signature

Date

**Sample RA Letter for
Part-Time-Hourly/Adult Education & ROP Instructors
Who Have Reasonable Assurance**

- Hourly teachers, who will be hired in the next school term, should be sent a letter of reasonable assurance as long as their employment is *not contingent on enrollment or funding*, i.e. a teacher who has acquired permanent status and has seniority rights to employment.
- Should be issued at least **30 days prior** to the end of the school year/term.

TO: (Name of Employee)

FROM: (Name of Human Resources/Business Official)

DATE ISSUED: (Date notice is delivered or mailed)

SUBJECT: Notification of Reasonable Assurance for 2020/21 School Year

You are hereby notified that you have reasonable assurance of returning to work for us in the 2020/21 school year. You also have reasonable assurance of returning to work at the close of all holiday and recess periods during the 2020/21 school year.

SAMPLE

RA List

(District Name)

2020/2021

Date	Delivery	SS #	FIRST	LAST	ADDRESS	CITY	ST	ZIP	Title	SITE
4/29/2020	Site pickup	XXX-XX-1234	CATHERINE	ACKARD	1600 PENNSYLVANIA AVE	SAN JOSE	CA	95135	SCHOOL SECRETARY I	CHABOYA MIDDLE SCH
4/29/2020	Site pickup	XXX-XX-1235	JENNIFER	ADAMS	1601 PENNSYLVANIA AVE	SAN JOSE	CA	95121	PARAEDUCATOR	JOHN J. MONTGOMERY SCH
4/29/2020	Mailed	XXX-XX-1236	TERESA	AGUILAR	1602 PENNSYLVANIA AVE	SAN JOSE	CA	95122	CNS ASST	CENTRAL KITCHEN
4/29/2020	Site pickup	XXX-XX-1237	RUBINA	AHMED	1603 PENNSYLVANIA AVE	SAN JOSE	CA	95121	SDC ASST	O.B. WHALEY SCH
4/29/2020	Site pickup	XXX-XX-1238	ALMA	AHUMADA ALCANTAR	1604 PENNSYLVANIA AVE	SAN JOSE	CA	95116	ELD ASST	MILLBROOK SCH
4/29/2020	Site pickup	XXX-XX-1239	ZABIN	ALIBHAI	1605 PENNSYLVANIA AVE	SAN JOSE	CA	95148	TK INSTRUCTIONAL ASST	CAROLYN A. CLARK SCH
4/29/2020	Site pickup	XXX-XX-1240	EVELYN	ALLEN	1606 PENNSYLVANIA AVE	SAN JOSE	CA	95135	HEALTH SCHOOL ASST	EVERGREEN SCH
4/29/2020	Mailed	XXX-XX-1241	ANDREA	ALVAREZ	1607 PENNSYLVANIA AVE	SAN JOSE	CA	95148	STAFF SECRETARY	INSTRUCTION
4/29/2020	Site pickup	XXX-XX-1242	AMY	ANDERSON	1608 PENNSYLVANIA AVE	SAN JOSE	CA	95121	CNS ASST	LAURELWOOD SCH
4/29/2020	Site pickup	XXX-XX-1243	REYNALDA	ARAUJO	1609 PENNSYLVANIA AVE	SAN JOSE	CA	95127	ELD ASST	JOHN J. MONTGOMERY SCH
4/29/2020	Site pickup	XXX-XX-1244	KIMBERLY	ARMENDARIZ	1610 PENNSYLVANIA AVE	SAN JOSE	CA	95148	SDC ASST	CEDAR GROVE SCH
4/29/2020	Mailed	XXX-XX-1245	AMY	AU	1611 PENNSYLVANIA AVE	SAN JOSE	CA	95148	CLASSIFIED SUBSTITUTE	N/A
4/29/2020	Site pickup	XXX-XX-1246	ALBA	AYALA	1612 PENNSYLVANIA AVE	SAN JOSE	CA	95148	BUS DRIVER	TRANSPORTATION
4/29/2020	Mailed	XXX-XX-1247	CONSUELO	AYALA	1613 PENNSYLVANIA AVE	SAN JOSE	CA	95127	CNS ASST	CENTRAL KITCHEN
4/29/2020	Mailed	XXX-XX-1248	CONSUELO	AYALA	1614 PENNSYLVANIA AVE	SAN JOSE	CA	95127	CNS LINE ASST.	CENTRAL KITCHEN
4/29/2020	Site pickup	XXX-XX-1249	JUDITH	BARATTA	1615 PENNSYLVANIA AVE	SAN JOSE	CA	95148	HEALTH SCHOOL ASST	HOLLY OAK SCH
4/29/2020	Site pickup	XXX-XX-1250	LUZ	BARRAGAN	1616 PENNSYLVANIA AVE	SAN JOSE	CA	95121	CNS ASST	CENTRAL KITCHEN
4/29/2020	Site pickup	XXX-XX-1251	SALUD	BARRAGAN	1617 PENNSYLVANIA AVE	SAN JOSE	CA	95148	COMMUNITY ASST	KATHERINE SMITH
4/29/2020	Site pickup	XXX-XX-1252	MARGO	BARRIOS	1618 PENNSYLVANIA AVE	SAN JOSE	CA	95136	1 TO 1 ASST	QUIMBY OAK SCH
4/29/2020	Mailed	XXX-XX-1253	LANI	BARRIOS	1619 PENNSYLVANIA AVE	SAN JOSE	CA	95121	RSP ASST	CEDAR GROVE SCH
4/29/2020	Site pickup	XXX-XX-1254	KIM	BECKWELL	1620 PENNSYLVANIA AVE	SAN JOSE	CA	95121	CLERICAL ASST	O.B. WHALEY SCH
4/29/2020	Site pickup	XXX-XX-1255	MARIA	BETTENCOURT	1621 PENNSYLVANIA AVE	SAN JOSE	CA	95121	1 TO 1 ASST	CHABOYA MIDDLE SCH
4/29/2020	Site pickup	XXX-XX-1256	DILBINDER	BHOOT	1622 PENNSYLVANIA AVE	SAN JOSE	CA	95121	SCHOOL SECRETARY II	CADWALLADER SCH
4/29/2020	Mailed	XXX-XX-1257	AYESHA	BILAL	1623 PENNSYLVANIA AVE	SAN JOSE	CA	95148	SUBSTITUTE TEACHER	N/A
4/29/2020	Site pickup	XXX-XX-1258	SARBJIT	BIRK	1624 PENNSYLVANIA AVE	SAN JOSE	CA	95148	CNS ASST	CENTRAL KITCHEN
4/29/2020	Site pickup	XXX-XX-1259	DEBORAH	BOYER	1625 PENNSYLVANIA AVE	SAN JOSE	CA	95135	HEALTH SCHOOL ASST	CAROLYN A. CLARK SCH
4/29/2020	Site pickup	XXX-XX-1260	CHRISTINE	BRYANT	1626 PENNSYLVANIA AVE	SAN JOSE	CA	95135	CNS ASST	O.B. WHALEY SCH
4/29/2020	Site pickup	XXX-XX-1261	JULIE	CABRERA	1627 PENNSYLVANIA AVE	SAN JOSE	CA	95135	HEALTH SCHOOL ASST	QUIMBY OAK SCH
4/29/2020	Mailed	XXX-XX-1262	RACHEL	CADMAN	1628 PENNSYLVANIA AVE	SAN JOSE	CA	95138	SUBSTITUTE TEACHER	N/A
4/29/2020	Site pickup	XXX-XX-1263	ELSA	CALDERON	1629 PENNSYLVANIA AVE	SAN JOSE	CA	95122	NUTRITION ED SPEC	CENTRAL KITCHEN
4/29/2020	Site pickup	XXX-XX-1264	DIANE	CAPUTO	1630 PENNSYLVANIA AVE	SAN JOSE	CA	95148	LIBRARY/MEDIA ASST	MILLBROOK SCH
4/29/2020	Site pickup	XXX-XX-1265	KATHY	CARBIN	1631 PENNSYLVANIA AVE	SAN JOSE	CA	95148	CNS LINE ASST	CENTRAL KITCHEN
4/29/2020	Site pickup	XXX-XX-1266	PATRICIA	CARLOS	1632 PENNSYLVANIA AVE	SAN JOSE	CA	95148	RSP ASST	NORWOOD CREEK SCH

Separation Issues

Required Notification to Separated Employees:

At the time of separation from employment, employees must be notified of their rights to file for UI benefits. You may order the EDD pamphlet DE 2320 *For Your Benefit* at no cost at www.edd.ca.gov. Under *EDD Resources* on the home page, select *Forms and Publications*, under search criteria, select *Form number* and enter the number 2320. Under DE 2320, enter the quantity you wish to order, add to cart and proceed to check out.

The reason for separation from employment is the first issue examined by EDD to determine eligibility. Please advise our office of any facts that may raise an issue of entitlement to UI benefits.

Separation Issues:

1. Layoff

A claimant is normally eligible for UI if he or she is laid off due to lack of work or funds.

Electing Layoff rather than Bumping

If there is a collective bargaining agreement which provides that a more senior employee can elect layoff rather than bump a less senior employee, then the employee will be deemed to have left work with good cause and may be qualified for unemployment. However, if no employee would actually be laid off or suffer a substantial loss of employment, we can make a case that an employee who elects layoff does not have good cause.

☞ *If an employee chooses to be laid off rather than bump, we need to know if it is in accordance to a collective bargaining agreement, and if the layoff process would have resulted in the substantial loss of employment of an(y) employee(s).*

2. Voluntary Quit

A claimant is not eligible for UI if he or she resigned for a non-compelling reason. If the claimant has a compelling reason for leaving, he or she must show that an attempt to resolve any problems prior to quitting was made (i.e. advised the employer of the problem, requested a leave of absence, requested a transfer of work etc.).

☞ *If an employee quits, we need to know how, when, who the employee notified and the reason given for the quit. In addition, please advise us if the employee made any efforts to resolve any problems or issues and if a leave of absence was available, requested or offered.*

Separation Issues to Relay to our Office (Cont.)

3. Discharge

A claimant is not eligible for UI if he or she is discharged for intentional or willful disregard of the employer's interest. *Cause* to terminate is not the same as misconduct. Misconduct is a willful breach of a duty owed to the employer that tends to injure the employer.

☞ *If an employee is discharged, we need to know if the discharge was due to inability or intentional misconduct. If there was misconduct, we need to know the details regarding warnings and the last incident (the Statement of Charges will usually provide this detail).*

4. Recess Claim

A claimant is not eligible to draw against a school employer during a school recess if he or she has reasonable assurance to return to work.

☞ *If an employee files during a school recess, we need to know if he or she has reasonable assurance of returning to work after the recess (see pages 20-23).*

5. Employer False Statement

UI Code 1142(a) provides that if an employer or their agent willfully makes a false statement or willfully fails to report a material fact concerning a claimant's separation from employment, EDD shall assess a penalty against the employer in an amount not less than 2 and no more than 10 times the weekly benefit amount of the claimant.

UI Code 1142(b) provides the same potential penalty as above, when addressing any written false information provided to EDD pertaining to a claimant's reasonable assurance of reemployment.

☞ *It is crucial that all information provided to our office is accurate, particularly in relation to separation and reasonable assurance claims.*

Non-Separation Issues and Claims for Substitute Employees

Non-Separation Issues:

In addition to the reason an employee is not working for the employer, other issues of eligibility may arise which could affect an employee's entitlement to benefits. These issues will most often arise during the school year when a substitute or part-time employee files a claim for UI benefits.

Availability

In order to be eligible for UI benefits, a claimant must be able and available to accept suitable employment without undue restrictions.

- ☛ *We need to know if an employee restricts the days, times or assignments he or she is willing to work. Please inform us of any restrictions such as medical, childcare or loss of required certificate or license.*

Job Refusals

A claimant should be ineligible for benefits if he or she refuses an offer of suitable work without good cause.

- ☛ *Document any dates and reasons an employee declines offers of work. Document any job offers made to laid-off employees.*

Wages

A claimant's weekly entitlement to benefits will be reduced by the amount of weekly earnings.

- ☛ *Let us know the dates an employee works after opening a claim. Let us know if an employee is working part-time.*

Substitute Claims:

If you receive a claim filed by a substitute, forward it to our office and provide the following information from the date the claim was filed:

- ☛ *Dates worked*
- ☛ *Dates of declined or canceled assignments*
- ☛ *Dates the employee was unavailable*
- ☛ *Any other restrictions*

This can be done efficiently by sending an automated activity substitute report showing the dates the employee accepted, declined or canceled assignments and the dates the employee worked.

DE 1080
Notice of Determination

- Purpose: To notify employer of eligibility decision
- Issued by: Employment Development Department (EDD)
- Issued to: Employer (*Only* if a timely protest was submitted to EDD)
- Mailed to: COE (or district, if district responded to the claim)
- District Action: If mailed directly from EDD to District:
- Call (408) 453-6582, COE/UI Department **IMMEDIATELY** so we may review for possible appeal.
- If you receive the determination *forwarded* from our office:
- The decision will inform you of the outcome of the employee's eligibility. It is for your review and to keep for your records. We have reviewed the decision and filed an appeal if appropriate. Contact us if you have any questions about the decision.

EDD OFFICE NAME
P.O. BOX
CITY CA ZIP CODE



NOTICE OF DETERMINATION / RULING

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 1-800-300-5616
SPANISH 1-800-326-8937
CANTONESE 1-800-547-3506
MANDARIN 1-866-303-0706
VIETNAMESE 1-800-547-2058
TTY 1-800-815-9387

SSA NUMBER 000-00-0000

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 \$0.00 OR MORE IN BONA FIDE EMPLOYMENT, AND YOU CONTACT THE ABOVE OFFICE TO REOPEN YOUR CLAIM.

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 VOLUNTARILY QUIT HIS MOST RECENT WORK WITHOUT GOOD CAUSE OR WAS DISCHARGED FOR MISCONDUCT FROM HIS 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.

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. COMPLETE THE ENCLOSED APPEAL FORM (DE 1000M) OR WRITE A LETTER STATING THAT YOU WANT TO APPEAL THIS DECISION. IF YOU WRITE A LETTER TO APPEAL, EXPLAIN THE REASON WHY YOU DO NOT AGREE WITH THE DEPARTMENT'S DECISION. WRITE YOUR SOCIAL SECURITY NUMBER ON EACH DOCUMENT YOU SUBMIT TO THE DEPARTMENT. (TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR), SECTION 5008).
- B. MAIL THE DE 1000M OR YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ON THE FIRST PAGE OF THIS DECISION.
- C. FILE YOUR APPEAL WITHIN THIRTY (30) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 00 / 00 / 00.

THE HANDBOOK, "A GUIDE TO BENEFITS AND EMPLOYMENT SERVICES," GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE OFFICE LISTED ON THE FIRST PAGE OF THIS NOTICE.

Restriction to Hire Retired Public Employees who have received UI

Effective 1/1/2013 per Government Code 7522.56(e):

If during the prior 12 months a retired PERS employee received unemployment insurance compensation arising out of employment with a public employer, he or she shall not be eligible to serve or be employed by a public employer.

A retiree shall certify in writing to the employer upon accepting an offer of employment that he or she is in compliance with this requirement.

SAMPLE VERIFICATION NOTICE:

Pursuant to Bill # AB340, Section 7522.56 part e, the following is required for the hiring of any person retired from a public entity.

I, _____, do state that:

I have not received any unemployment insurance compensation arising out of prior employment with a public employer in the twelve (12) months prior to this appointment.

Signature _____ Date _____

Santa Clara County  Office of Education

1290 Ridder Park Drive
San Jose, CA 95131-2304
www.sccoe.org