

Mail Date: **05/29/2014**

SSN: **687**

Claimant Phone #: **733**

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 (non-voice)	1-800-815-9387
website:	www.edd.ca.gov

NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

You filed a claim for Unemployment Insurance (UI) benefits effective **05/18/2014**. When you filed your claim you stated:

1. Your last employer was: **SOUTH ORANGE COUNTY COMMU
28000 MARGUERITE PKWY
MISSION VIEJO, CA 92692**
2. The last day you worked for that employer was **05/21/2014**.
3. The reason you are no longer working for the above employer is:
COMMUNITY COLLEGE PART TIME FACULTY END OF ASSIGNMENT WITH NO REASONABLE ASSURANCE OF RE-EMPLOYMENT.
4. You are not receiving a pension or other income that may be deductible from your UI benefits.
5. You are able and available to accept full-time work.
6. You have the legal right to work in the United States.

Please review the above information carefully. No action is required by you if the information is correct. The EDD considers this information correct unless you report other information within 10 (ten) days from the mailing date of this notice. Any response after 10 days may result in delay of benefits. To report other information, you may call the EDD or mail your response to the EDD address above. Remember to include your name and Social Security number in all correspondence with the EDD.

Although federal and state laws prohibit the revealing of information about your employment and your UI claim to your spouse, relatives, friends, non-interested parties, and private interest groups, federal legislation requires that such information be made available to state and federal welfare, medical assistance, CalFresh (formerly food stamps), housing, and child support enforcement agencies. Confidentiality is the responsibility of agencies using the information.

You have the option of cancelling a regular California UI claim (refer to your Notice of Unemployment Award for the cancellation requirements). If you do decide you want to cancel your claim, **do not certify for benefits** because once you are paid benefits, the law does not allow you to cancel your claim.

Benefit payments are issued to the EDD Debit CardSM. You should refer to your Guide to Benefits and Employment Services handbook for information about the EDD Debit CardSM. If you were previously issued a card and need a replacement, you must contact Bank of America EDD Debit Card Customer Service toll-free at 1-866-692-9374.

20676

CLAIM EXPIRES

SSA 12-14-13

/ WEEK PAID

06-22-13
06-29-13

BENEFITS ARE REDUCED BECAUSE YOU REPORTED EARNINGS DURING THE WEEK ENDING 06-22-13.
BENEFITS ARE REDUCED BECAUSE YOU REPORTED EARNINGS DURING THE WEEK ENDING 06-29-13.
YOUR CLAIM BALANCE AFTER THIS PAYMENT IS
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK.

DETACH THIS STUB FOR YOUR RECORD

CONTINUED CLAIM

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12-16-12

ANSWER ALL QUESTIONS. SEE SECTION A, ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your booklet, A Guide to Benefits and Employment Services.

Begins Ends	1ST WEEK		Begins Ends	2ND WEEK	
	YES	NO		YES	NO
	06-30-13	07-06-13		07-07-13	07-13-13

COMPLETE AND MAIL THIS FORM ON

07-14-13

- 1. Were you too sick or injured to work? YES NO YES NO
- If yes, enter the number of days (1 through 7) you were unable to work. (1-7) (1-7)
- 2. Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday? YES NO YES NO
- 3. Did you look for work? YES NO YES NO
- IF MARKED 'X', YOU MUST COMPLETE SEC. B., WORK-SEARCH RECORD, ON REVERSE.
- 4. Did you refuse any work? YES NO YES NO
- 5. Did you begin attending any kind of school or training? YES NO YES NO
- 6. Did you work or earn any money, WHETHER YOU WERE PAID OR NOT? YES NO YES NO
- (If yes, you MUST COMPLETE items a. and b. below.)
- a. Enter earnings before deductions here. \$ \$
- b. Report employment or 'source' of earnings information below:

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS - INCLUDE ZIP CODE	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1ST WEEK	7/5/13	16	SACRED HEARTS Highgate Pkwy Mission Viejo, CA	Still Working
2ND WEEK	7/12/13	16	" "	Still Working

- 7. If you want federal income tax withheld for the week(s) shown above, mark this block.
- 8. If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse.

NORCAL AUTHORIZATION CENTER
PO BOX 989057
WEST SACRAMENTO CA 95798-9057

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work by USCIS. I signed this form after the latest date for which I am claiming benefits.

(your signature is required)

