

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD
for the hearing impaired is
1-800-237-2515.

In the Washington, D.C.,
area, please call
202-616-5594, TDD
202-616-5525

Or write to:

U.S. Department of Justice
Office of Special Counsel – NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

NOTICE:

**Federal law requires
all employers
to verify the identity and
employment eligibility
of all persons hired to work
in the United States.**

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

For more information on E-Verify,
please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA



Fast Facts About Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers with partial wage replacement when taking time off work to care for a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- Covers employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to six weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.
- PFL benefits are considered taxable income.

In California, it's the law.

Paid Family Leave Benefits

The time to care. 1-877-238-4373

To apply online or for more information, visit:

www.edd.ca.gov/disability

Phone number: 1-877-238-4373

- Press 1 for English.
- Press 2 for Spanish.
- Press 3 for Cantonese.
- Press 4 for Vietnamese.
- Press 5 for Armenian.
- Press 6 for Tagalog.
- Press 7 for Punjabi.

TTY: 1-800-445-1312

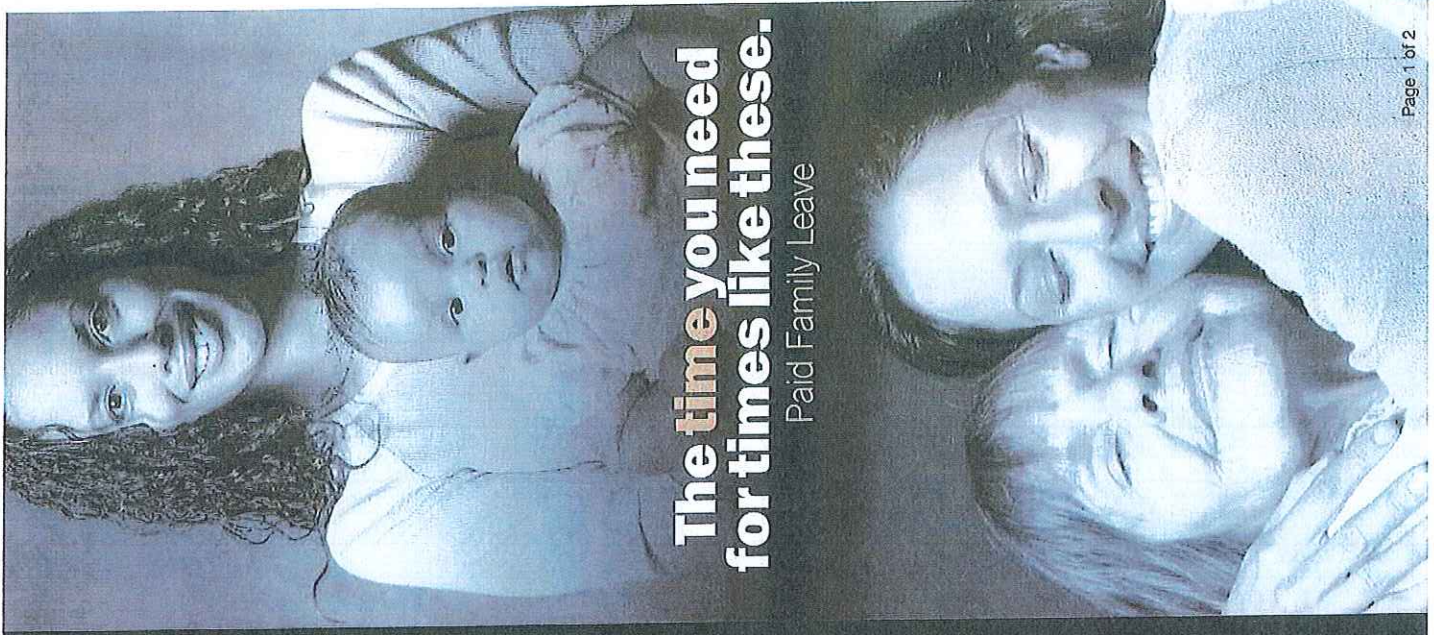
(This number does not accept voice calls).



State of California

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice) or through the California Relay Service at 711.

This pamphlet is for general information only and does not have the force and effect of law, rule or regulation.

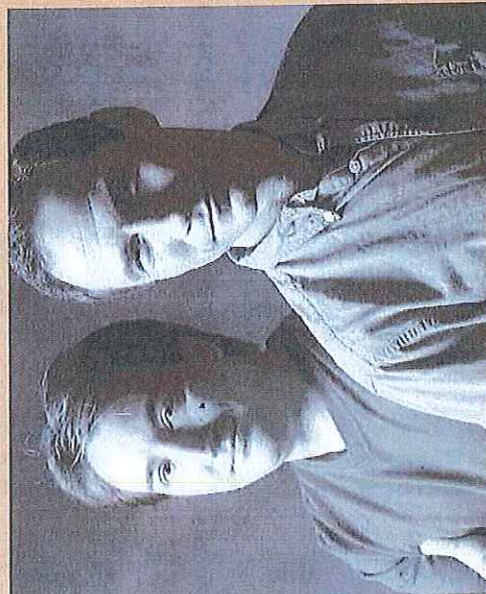


The time you need for times like these.

Paid Family Leave

Paid Family Leave Benefits for California Workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a newborn or an employee caring for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner, California's Paid Family Leave (PFL) was created for these times. **Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits.



A Program Benefitting You and Your Family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. PFL benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, read the *Disability Insurance (DI) and Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589, at www.edd.ca.gov/disability.

Paid Family Leave for California Employees

PFL benefits do not provide job protection or return rights. Job protection may be provided if your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.

To qualify for PFL benefits, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
- Submit your claim no earlier than nine days, but no later than 49 days, after the first day your family care leave began.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off, if required by your employer, prior to the initial receipt of benefits.
- Serve a seven-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

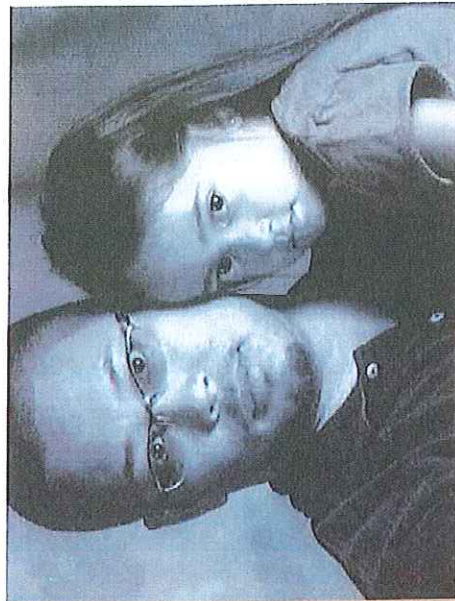
You may not be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or workers' compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician/practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decisions affecting your benefits.
- Appeal decisions about your eligibility for benefits.
- Appeals must be sent to PFL in writing.
- A hearing of your appeal before an Administrative Law Judge. Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy-Information about your claim will be kept confidential except for the purposes allowed by law.

(INTERNET)



Apply for Benefits

Apply for PFL benefits online at www.edd.ca.gov/disability. Employers and physicians/practitioners can submit claim information through SDI Online. You may also file using a paper form. To request a claim form, visit www.edd.ca.gov/disability.

If you are currently receiving DI pregnancy-related benefits, it is not necessary to request a PFL claim form. Claim filing information will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

If you are covered by a voluntary plan, contact your employer to obtain information about your coverage and instructions on how to apply for benefits.

Contact Paid Family Leave

For questions about PFL benefits, please visit www.edd.ca.gov/disability.

Phone number: 1-877-238-4373

- Press 1 for English.
- Press 2 for Spanish.
- Press 3 for Cantonese.
- Press 4 for Vietnamese.
- Press 5 for Armenian.
- Press 6 for Tagalog.
- Press 7 for Punjabi.

TTY: 1-800-445-1312 (This number does not accept voice calls). For more information, visit www.edd.ca.gov/disability. Claim forms should be mailed to PFL at: P.O. Box 989315, West Sacramento, CA 95798-9315

DI Office Locations and Mailing Addresses

Chico 645 Salem Street
(PO Box 8190, Chico, CA 95927-8190)

Chino Hills 15315 Fairfield Ranch Road, Ste. 100
(PO Box 60006, City of Industry, CA 91716-0006)

Fresno 2550 Mariposa Mall, Rm. 1080A
(PO Box 32, Fresno, CA 93707-0032)

Long Beach 4300 Long Beach Blvd., Ste. 600
(PO Box 469, Long Beach, CA 90801-0469)

Los Angeles 888 S. Figueroa Street, Ste. 200
(PO Box 312096, Los Angeles, CA 90051-0296)

Oakland 7677 Oakport Street, Ste. 325
(PO Box 1857, Oakland, CA 94606-1857)

Sacramento 5009 Broadway
(PO Box 13140, Sacramento, CA 95813-3140)

San Bernardino 371 West 3rd Street
(PO Box 781, San Bernardino, CA 92402-0781)

San Diego 9246 Lighthouse Avenue, Bldg. A, Ste. 300
(PO Box 120831, San Diego, CA 92112-0831)

San Francisco 745 Franklin Street, Rm. 300
(PO Box 135334, San Francisco, CA 94119-3334)

San Jose 297 West Hedding Street
(PO Box 637, San Jose, CA 95106-0637)

Santa Ana 605 West Santa Ana Blvd., Bldg. 26, Rm. 735
(PO Box 1466, Santa Ana, CA 92702-1466)

Santa Barbara 128 East Ortega Street
(PO Box 1529, Santa Barbara, CA 93102-1529)

Santa Rosa 606 Healdsburg Avenue
(PO Box 700, Santa Rosa, CA 95402-0700)

Stockton 3127 Transworld Dr., Ste. 150
(PO Box 201006, Stockton, CA 95201-9006)

California State Government Employees
(PO Box 2168, Stockton, CA 95201-2168)

Van Nuys 15400 Sherman Way, Rm. 500
(PO Box 16402, Van Nuys, CA 91410-0402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

This pamphlet is for general information only, and does not have the force and effect of the law, rule or regulation.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling DI at 1-866-490-8879 (voice), or through the California Relay Services at 711.

Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see "Other Programs," for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year; for current rates, visit the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
 - **Voluntary Plan (VP).** A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer, if you are covered by a VP. The provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
 - **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.
- EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.
- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3886, or visit our website at www.edd.ca.gov/disability.

How to Claim State Plan Benefits

1. Use SDI Online to securely file for benefits or request a paper claim form online.
 - By internet: www.edd.ca.gov/disability.
 - By phone: 1-800-480-3287.
 - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
2. When filing using SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted. If using a paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form, complete and sign Part A-Claimant's Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.
3. Have your physician/practitioner complete the Part B - Physician/Practitioner's Certificate online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the Part B - Physician/Practitioner's Certificate.

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, physician assistant, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.
4. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- SDI benefits are paid electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit CardSM. The EDD Debit CardSM works like other debit cards, giving you access to funds 24 hours a day, 7 days a week, and can be used everywhere Visa[®] debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for additional information. Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized for additional benefits electronically or sent a *Claim For Continued/Disability Benefits* (DE 2500A) certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

How Your Benefit Rate is Determined
Benefit amounts are based on wages paid during a specific 12-month base period, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility. Only base period wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.**
(Example: A claim beginning February 14, 2017, uses a base period of October 1, 2015, through September 30, 2016.)
- **April, May, or June, your base period is the 12 months ending last December 31.**
(Example: A claim beginning June 20, 2017, uses a base period of January 1, 2016, through December 31, 2016.)
- **July, August, or September, your base period is the 12 months ending last March 31.**
(Example: A claim beginning September 27, 2017, uses a base period of April 1, 2016, through March 31, 2017.)
- **October, November, or December, your base period is the 12 months ending last June 30.**
(Example: A claim beginning November 2, 2017, uses a base period of July 1, 2016, through June 30, 2017.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- Were in the military service.
- Received workers' compensation benefits.
- Did not work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim form.

Wage Continuation: If your employer continues to pay you wages during your DI claim, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are unable to work.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

You May Not Be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time your disability begins.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers' compensation at a weekly rate equal to or greater than the DI rate.
- If workers' compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

Your Rights. You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.)
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ's decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations. Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and claim identification number on letters to DI.

Contact DI

- By email at <https://askedid.edd.ca.gov>.
- By phone at:
 - English 1-800-480-3287
 - Spanish 1-866-658-8846
- By U.S. mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By TTY (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- In person by visiting any of the DI offices listed under "DI Office Locations."

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer. If you are able and available to work but unemployed, contact the Unemployment Insurance program of the EDD through the website at www.edd.ca.gov/unemployment, or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America's Job Center of CaliforniaSM formerly known as One-Stop Career Centers listed at www.servicelocator.org, or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration at www.ssa.gov, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child, including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at www.edd.ca.gov/disability, or by phone at 1-877-238-4373, or through the California Relay Service at 711.

Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the district attorney's office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).



FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement—for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position—at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact _____.



CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION AND HARASSMENT

THE CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING (DFEH) ENFORCES LAWS THAT PROTECT YOU FROM ILLEGAL DISCRIMINATION AND HARASSMENT IN EMPLOYMENT BASED ON YOUR ACTUAL OR PERCEIVED:

- ANCESTRY
- AGE (40 and above)
- COLOR
- DISABILITY (physical and mental, including HIV and AIDS)
- GENETIC INFORMATION
- GENDER IDENTITY, GENDER EXPRESSION
- MARITAL STATUS
- MEDICAL CONDITION (genetic characteristics, cancer or a record or history of cancer)
- MILITARY OR VETERAN STATUS
- NATIONAL ORIGIN (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law)
- RACE
- RELIGION (includes religious dress and grooming practices)
- SEX/GENDER (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- SEXUAL ORIENTATION

THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT (GOVERNMENT CODE SECTIONS 12900 THROUGH 12996) AND ITS IMPLEMENTING REGULATIONS (CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTIONS 11000 THROUGH 11141):

- ① Prohibit harassment of employees, applicants, unpaid interns, volunteers, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, harassment based on pregnancy, childbirth, breastfeeding and/or related medical conditions, as well as harassment based on all other characteristics listed above.
- ② Require that all employers provide information to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards set forth in California Government Code section 12950, or use a brochure from DFEH.
- ③ Require employers with 50 or more employees and all public entities to provide training for all supervisors regarding prevention of sexual harassment, abusive conduct, and harassment based on gender identity, gender expression, and sexual orientation.
- ④ Prohibit employers from limiting or prohibiting the use of any language in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation. Also prohibits employers from discriminating against an applicant or employee because they possess a driver's license issued to a person who is unable to prove that their presence in the United States is authorized under federal law.
- ⑤ Require employers to reasonably accommodate an employee, unpaid intern, or job applicant's religious beliefs and practices, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of their religious beliefs.

- ⑥ Require employers to reasonably accommodate employees or job applicants with disabilities to enable them to perform the essential functions of a job.
- ⑦ Permit job applicants, unpaid interns, volunteers, and employees to file complaints with DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.
- ⑧ Prohibit discrimination against any job applicant, unpaid intern, or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.
- ⑨ Require employers, employment agencies, and unions to preserve applications, personnel records, and employment referral records for a minimum of two years.
- ⑩ Require employers to provide leaves of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.
- ⑪ Require an employer to provide reasonable accommodations requested by an employee, on the advice of their health care provider, related to their pregnancy, childbirth, or a related medical condition.
- ⑫ Require employers of 20 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period for the birth of a child or the placement of a child for adoption or foster care; also require employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period for an employee's own serious health condition or to care for a parent, spouse, or child with a serious health condition.
- ⑬ Require employment agencies to serve all applicants equally, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertisements that express a discriminatory hiring preference.
- ⑭ Prohibit unions from discriminating in member admissions or dispatching members to jobs.
- ⑮ Prohibit retaliation against a person who opposes, reports, or assists another person to oppose unlawful discrimination.

FILING A COMPLAINT

The law provides for remedies for individuals who experience prohibited discrimination or harassment in the workplace. These remedies include hiring, front pay, back pay, promotion, reinstatement, cease-and-desist orders, expert witness fees, reasonable attorney's fees and costs, punitive damages, and emotional distress damages.

Job applicants, unpaid interns, and employees: If you believe you have experienced discrimination or harassment you may file a complaint with DFEH. Independent contractors and volunteers: If you believe you have been harassed, you may file a complaint with DFEH.

Complaints must be filed within one year of the last act of discrimination/harassment or, for victims who are under the age of 18, not later than one year after the victim's eighteenth birthday.

If you have a disability that prevents you from submitting a written intake form on-line, by mail, or email, DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

Contact DFEH at
(800) 884-1684
(voice or via relay operator 711),
TTY (800) 700-2320,
or contact.center@dfeh.ca.gov
to discuss your preferred format to access our materials or webpages.

DFEH-E07P-ENG / June 2018

FOR MORE INFORMATION

Department of Fair Employment and Housing

Toll Free: (800) 884-1684

TTY: (800) 700-2320

Online: www.dfeh.ca.gov

Also find us on:



Government Code section 12950 and California Code of Regulations, title 2, section 11013, require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather. Any employer whose workforce at any facility or establishment consists of more than 10% of non-English speaking persons must also post this notice in the appropriate language or languages.

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

- 1 *Unwanted sexual advances*
- 2 *Offering employment benefits in exchange for sexual favors*
- 3 *Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters*
- 4 *Derogatory comments, epithets, slurs, or jokes*
- 5 *Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations*
- 6 *Physical touching or assault, as well as impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS, AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING



SEXUAL HARASSMENT

THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

- ① *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
- ② *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684
TTY: (800) 700-2320
Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from submitting a written intake form on-line, by mail, or email, the DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

The DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

Contact the DFEH at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or contact.center@dfeh.ca.gov to discuss your preferred format to access our materials or webpages.



CIVIL REMEDIES:

- 1 *Damages for emotional distress from each employer or person in violation of the law*
- 2 *Hiring or reinstatement*
- 3 *Back pay or promotion*
- 4 *Changes in the policies or practices of the employer*

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employee may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- ① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- ② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- ③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve

the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
 - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
- ④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
 - ⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
 - ⑥ In addition, employers who do business in California and employ 50 or more part-time or full-time employees must provide at least two hours of training regarding sexual harassment and harassment based on gender identity, gender expression, and sexual orientation every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

TRANSGENDER RIGHTS IN THE WORKPLACE



WHAT DOES "TRANSGENDER" MEAN?

Transgender is a term used to describe people whose gender identity differs from the sex they were assigned at birth. Gender expression is defined by the law to mean a "person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth." Gender identity and gender expression are protected characteristics under the Fair Employment and Housing Act. That means that employers, housing providers, and businesses may not discriminate against someone because they identify as transgender or gender non-conforming. This includes the perception that someone is transgender or gender non-conforming.

WHAT IS A GENDER TRANSITION?

- 1 *"Social transition"* involves a process of socially aligning one's gender with the internal sense of self (e.g., changes in name and pronoun, bathroom facility usage, participation in activities like sports teams).
- 2 *"Physical transition"* refers to medical treatments an individual may undergo to physically align their body with internal sense of self (e.g., hormone therapies or surgical procedures).

A person does not need to complete any particular step in a gender transition in order to be protected by the law. An employer may not condition its treatment or accommodation of a transitioning employee upon completion of a particular step in a gender transition.

FAQ FOR EMPLOYERS

What is an employer allowed to ask? Employers may ask about an employee's employment history, and may ask for personal references, in addition to other non-discriminatory questions. An interviewer should not ask questions designed to detect a person's gender identity, including asking about their marital status, spouse's name, or relation of household members to one another. Employers should not ask questions about a person's body or whether they plan to have surgery.

How do employers implement dress codes and grooming standards? An employer who requires a dress code must enforce it in a non-discriminatory manner. This means that, unless an employer can demonstrate business necessity, each

employee must be allowed to dress in accordance with their gender identity and gender expression. Transgender or gender non-conforming employees may not be held to any different standard of dress or grooming than any other employee.

What are the obligations of employers when it comes to bathrooms, showers, and locker rooms? All employees have a right to safe and appropriate restroom and locker room facilities. This includes the right to use a restroom or locker room that corresponds to the employee's gender identity, regardless of the employee's assigned sex at birth. In addition, where possible, an employer should provide an easily accessible unisex single stall bathroom for use by *any* employee who desires increased privacy, regardless of the underlying reason. Use of a unisex single stall restroom should always be a matter of choice. No employee should be forced to use one either as a matter of policy or due to harassment in a gender-appropriate facility. Unless exempted by other provisions of state law, all single-user toilet facilities in any business establishment, place of public accommodation, or state or local government agency must be identified as all-gender toilet facilities.

FILING A COMPLAINT

If you believe you are a victim of discrimination you may, within one year of the discrimination, file a complaint of discrimination by contacting DFEH.

If you have a disability that prevents you from submitting a written intake form on-line, by mail, or email, DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice). DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

To schedule an appointment or to discuss your preferred format to access our materials or webpages, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684 TTY: (800) 700-2320 dfeh.ca.gov

Also find us on:





YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

If you are pregnant, have a related medical condition, or are recovering from childbirth, please read this notice.

California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California law also prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.

YOUR EMPLOYER HAS AN OBLIGATION TO:

- Reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff.
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code.

FOR PREGNANCY DISABILITY LEAVE:

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or postpartum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.

- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.
- If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

NOTICE OBLIGATIONS AS AN EMPLOYEE:

- Give your employer reasonable notice. To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, otherwise as soon as practicable if the need is an emergency or unforeseeable.
- Provide a Written Medical Certification from Your Health Care Provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See your employer for a copy of a medical certification form to give to your health care provider to complete.
- Please note that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

ADDITIONAL RIGHTS UNDER CALIFORNIA FAMILY RIGHTS ACT (CFRA) LEAVE:

You also may be entitled to additional rights under the California Family Rights Act of 1993 (CFRA) if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave. This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition (not related to pregnancy) or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances. For further information on the availability CFRA leave, please review your employer's Notice regarding the availability of CFRA leave.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). For more information about your rights and obligations as a pregnant employee, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or contact.center@dfeh.ca.gov. The text of the FEHA and the regulations interpreting it are available on the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov.

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.



Workers Compensation Employee Injury Information

Workers' Compensation is an employee benefit program mandated and regulated by the State of California and the California Labor Code. As an employee of California State University, Foundation you are covered by Worker's Compensation Insurance.

Notice of Workers' Compensation Carrier

Benefits include medical treatment, death benefits to eligible dependent, temporary disability or industrial disability leave payments, and vocational rehabilitation.

CSUDH Foundation pays the full cost of all benefit. Our workers' compensation program is administered by Sedgwick CMS.

Sedgwick CMS

PO Box 14479
Lexington, KY 40512
(800) 255-2998
Fax: (916) 851-8089

If You Are Hurt on the Job, You Should:

1. **Report the Injury to Your Supervisor.** Report any workplace injury or illness to your supervisor immediately. If your injury or illness develops gradually (like tendonitis or hearing loss), report it as soon as you learn it was caused by your job.
2. **Get Medical Treatment.** For emergencies call 911 from a cell phone or campus phone. Otherwise, for treatment beyond first aid go to US HealthWorks in Compton, CA for Urgent Care, Occupational Medicine, Physical Therapy or Medical Center.

US HealthWorks Medical Group

2499 South Wilmington Ave
Compton, CA 90220
Phone: (310) 638-1113
Fax: (310) 638-8042

New Hire Notice -- Injuries Caused By Work

What does workers' compensation cover?

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over). Generally, independent contractors, and volunteers who receive no compensation are not covered by workers' compensation benefits. If you have questions about coverage, ask your employer.

What you have to do:

If you have a work injury or illness, immediately notify your supervisor or your employer representative so that you can be provided a claim form. Once received complete the "Employee" section of the claim form and return it to your employer. Your employer will complete the "Employer" section and return it to you to submit a copy to the claims administrator. After review, the claims administrator will notify you of your eligibility for benefits.

Benefits:

Workers' compensation benefits include: Medical care, transportation cost, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits. All benefits are tax-free.

Medical Care:

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

Your Primary Treating Physician (PTP):

This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-

related injury or illness by making a request to the claims administrator. Chiropractors may not continue as the primary treating physician after 24 visits. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If a medical service requested by your treating physician or another provider is determined not medically necessary, you will receive information on how to appeal that decision. If you choose to appeal you must do so within 30 days of receipt of the decision.

If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or has a medical provider network. You should receive information from your employer if you are covered by an HCO or MPN. Contact your employer for more information.

Treatment by your personal physician:

You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

1. You must have group health coverage from any source for non-Industrial illnesses and injuries.
2. Your personal physician must agree in advance to treat you for any work injuries or illnesses.
3. Your physician must be your regular physician and surgeon.
4. Your physician has previously directed your medical treatment and retains your records, including your medical history.

What happens if your employer disputes your injury?

State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as \$10,000 in medical care until your claim is accepted or denied.

Medical Provider Networks:

Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. If you have predesignated your personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by the employer. If you are treating with a non-MPN doctor for an

existing injury, you may be required to change to a doctor within the MPN.

What if my employer has a Medical Provider Network?

If your employer has Medical Provider Network additional information can be obtained by reviewing the full employee notification which is required to be posted in close proximity to the workers' compensation poster.

What if my employer does not have a Medical Provider Network?

If your employer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness within 30 days of reporting your injury. Chiropractors may not continue as the primary treating physician after 24 visits. You may use the attached Notice of Personal Chiropractor or Personal Acupuncturist form to notify your employer of this change.

Emergency Medical Care:

If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.

First Aid:

If you need first aid treatment, contact your employer. If you have more than a simple first aid injury, you will need to ask your employer for a claim form.

Temporary Disability (TD) Benefits:

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. Benefits will continue until your physician states you may return to work or your medical condition is permanent and stationary.

For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied.

There are time limits so contact EDD at (800)480-3287 or www.edd.ca.gov for information on when and how to apply.

Permanent Disability (PD) Benefits:

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefit or after your physician indicates there is permanent disability. The benefit is payable every fourteen days. Permanent Disability benefits are not payable until your claim is finalized if your employer offered a job upon termination of temporary disability benefits.

Supplemental Job Displacement Benefit:

You may be entitled to a nontransferable voucher payable to a state approved school. To qualify, your injury must result in a permanent impairment and your employer is unable to offer modified or alternative work within 60 days of receipt of a report asserting that all medical conditions have reached maximum medical improvement. If after 60 days after receiving the doctors report your employer has not offered you regular, modified or alternative work, your claims administrator has 20 days to provide you Supplemental Job Displacement Benefits. If you qualify for the supplemental job displacement benefit, your claims examiner will provide a voucher for up to \$6,000.00. The voucher may be used for education related retraining and/or skill enhancement at a state accredited school, books, required tools, license or certification fees or other resources that can help you find a new job. There are limits on how much you can spend on some items, but if you qualify you will receive a letter with information for the use of this benefit.

Return to Work Fund

If your injury results in permanent impairment and it is determined that the amount awarded is disproportionately low in comparison to your loss of earnings, you may be entitled to additional compensation. A fund was established to supplement permanent impairment benefits under specific circumstances. This fund is administered by the Division of Workers Compensation. Your examiner can assist in directing you to the correct resource to determine eligibility.

Death Benefits:

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is

calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of \$224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

Report Your Injury:

Report the injury immediately to your supervisor or to:

Employer representative: Amanda Dodd

Phone number: (310) 243-2373

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000). If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

Discrimination:

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions?

If you have questions, see your employer or the claims examiner who handles workers' compensation claims for your employer.

Claims Administrator:

Sedgwick Claims Management Services, Inc.

Address: PO Box 14479

City: Lexington State: KY Zip: 40512

Phone: (910) 851-8058

The employer is insured for workers' compensation by:

AORMA / Sedgwick

How do I locate information regarding my employer's current workers' compensation carrier?

For information regarding your employer's workers' compensation carrier, please visit the below website.

<https://www.caworkcompcoverage.com>

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer.

The nearest Information & Assistance Officer is at:

Address: _____

City: _____ Phone: _____

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401.

Learn more online: www.dir.ca.gov.

False claims and false denials:

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

On the date of your work injury you have health coverage for injuries and illnesses that are not work related;

The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;

Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;

Prior to the injury your doctor agrees to treat you for work injuries or illnesses;

Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN Employee:

Complete this section.

TO: (name of employer). If I have a work-related injury or illness, I choose to be treated by:

(name of doctor) (M.D., D.O.)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature: _____ Date: _____

Physician: I agree to this pre-designation:

Signature: _____ Date: _____

(physician or designated employee of the physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. Chiropractors may not continue as the primary treating physician after 24 visits.

Note: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by a surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Employee's Signature: _____ Date: _____



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes, if you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Amanda Dodd- Director of Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



FOR YOUR BENEFIT

CALIFORNIA'S PROGRAMS FOR THE UNEMPLOYED

**UNEMPLOYMENT INSURANCE
DISABILITY INSURANCE
PAID FAMILY LEAVE
WORKFORCE SERVICES**

For Your Benefit: California's Programs for the Unemployed

This publication provides information about programs offered by the Employment Development Department (EDD) for unemployed Californians. This is for general information only and it is not a legal document.

Additional information is available at www.edd.ca.gov.

Unemployment Insurance (UI)	2
UI benefits provide partial wage replacement to workers who are unemployed through no fault of their own.	
State Disability Insurance (SDI)	13
Disability Insurance (DI) is part of SDI and provides benefits to workers who are unable to work due to a non-work-related illness or injury, pregnancy, or childbirth.	
Paid Family Leave (PFL)	14
PFL is part of SDI and provides partial wage replacement to workers who need time off to care for a seriously ill family member or bond with a new/adopted child.	
Workforce Services	14
The EDD's Workforce Services Branch provides a range of employment services for job seekers.	
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Unemployment Insurance (UI)

UI is paid for by your employer and provides partial income replacement when you are unemployed and meet all eligibility requirements.

Who Should File a UI Claim

To be eligible for UI benefits, you must be out of work, or partially unemployed, due to no fault of your own, be physically able to work, be available for work, ready to accept work, and actively looking for work.

When to File

You may apply for benefits as soon as you are unemployed or your work hours are reduced. Your claim will begin on the Sunday of the week in which you file your claim.

All claims have a one-week, unpaid waiting period. The waiting period does not begin until you file a claim, certify for benefits, and meet all eligibility requirements.

What You Need to File

To file a claim, you need to provide your:

- Name, (including all names you used while working) and Social Security number.
- Mailing and residence address (if different) and phone number.
- Last employer's complete name, address (mailing and physical location), and phone number.
- Last day worked and the reason you're no longer working (laid off, quit, fired, or left work because of a trade dispute).
- Work history during the 18 months prior to filing your claim, including out-of-state employment. Include all employers' names, dates employed, and wages earned.
- State-issued driver license number or identification card number.
- Citizenship status and if you have the legal right to work in the United States. If you indicate you're registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States, you'll be asked for the title of your employment authorization document and information from the USCIS document, such as the Alien Registration Number, card number, and/or expiration date.

Note: Your last employer's name and address are very important, regardless of how long you worked for the employer(s). If you worked part-time, provide the number of hours you work each week.

If you served in the military in the last 18 months, you will need to provide information from your DD214 Member copy 4.

If you worked for the federal government during the last 18 months, you will need to provide information from your *Notice to Federal Employees About Unemployment Insurance*, Standard Form 8.

Warning

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include fines, a loss of benefits, and/or criminal prosecution. See additional information on fraud and penalties on page 12.

Employer Notification

Your last employer is notified when you file a UI claim. Although your eligibility is determined by the EDD, employers fund the UI program and are required by law to provide any information that may affect your eligibility to receive benefits.

Types of Claims

The claim you file depends on the type of employer you worked for and the state(s) where you worked.

You will file a:

- Regular California claim if you only worked in California, even if you now live outside of California.
- Federal claim if your employment was in civilian work for the federal government.
- Military claim if you served as a member of the United States Armed Forces.
- Combined wage claim if you earned wages in California and in at least one other state during the last 18 months.
- Interstate claim if you now reside in California and only worked in another state during the last 18 months. File your claim directly with the other state, the District of Columbia, Puerto Rico, or Canada. If you worked in the U.S. Virgin Islands, contact the EDD at 1-800-300-5616.

How to File

You may file a UI claim using one of the following methods:

- **Online**
UI OnlineSM is the fastest and most convenient way to file your UI claim. Visit www.edd.ca.gov/UI_Online to get started.
- **Phone**
Speak to an EDD representative Monday through Friday between 8 a.m. and 12 noon (Pacific Time), except on state holidays.
Refer to page 19 for a list of UI phone numbers.

- **Fax or Mail**

When filing a claim with UI Online some customers will be instructed to fax or mail their UI application to the EDD. If this occurs, the paper *Unemployment Insurance Application, DE 11011*, will display.

For faster and more secure processing, fax the completed form to the number listed on the form. If mailing your UI application, use the address on the form and allow additional time for processing.

Beginning Date of Claim

Your claim begins on the Sunday of the week in which you file your claim.

Ending Date of Claim

Your claim ends on the Saturday, 52 weeks after your claim begins. If you exhaust your benefits prior to this date, you cannot file another California claim until the benefit year of the claim ends.

If you worked in another state during the last 18 months, you may be eligible to file a new claim in that state.

Minimum Earnings to Establish a Valid Claim

You must have at least \$1,300 in earnings in one quarter of your base period or at least \$900 in earnings in the highest quarter and 1.25 times your highest quarter earnings in your total base period.

For example: If you have \$900 earnings in your highest quarter, you would also be required to have earned a total of \$1,125 in the base period ($\$900 \times 1.25 = \$1,125$).

How UI Benefits are Calculated

The quarter in which you were paid the highest wages during the base period determines your weekly benefit amount (WBA). The WBA ranges from \$40 to \$450 per week.

The maximum benefit amount is 26 times the weekly benefit amount or one-half of the total base period wages, whichever is less.

Refer to the **Unemployment Insurance Benefit Table** on page 16 to estimate your WBA.

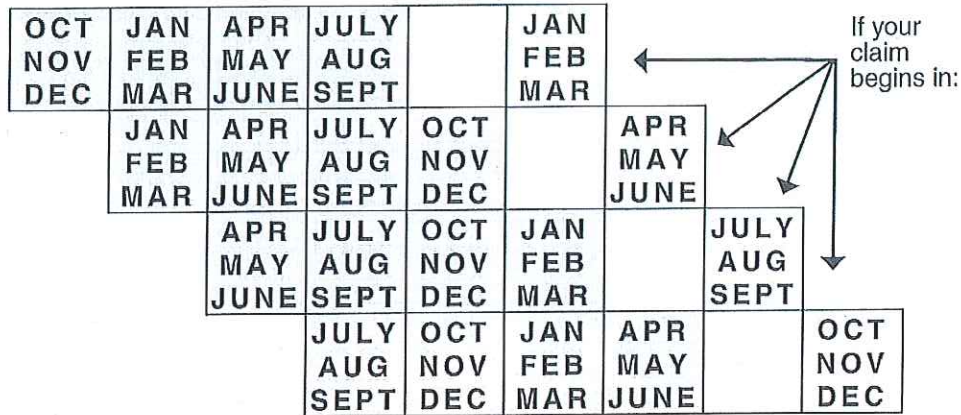
Base Period

There are two types of base periods used to establish a claim: the standard base period and the alternate base period.

Standard Base Period (SBP)

The SBP is the first four of the last five completed calendar quarters prior to the beginning date of the claim.

Refer to the chart below. The shaded area represents a standard base period. The non-shaded area represents the quarter the claim is filed.



Alternate Base Period (ABP)

If you do not have sufficient wages in the standard base period, you may qualify to file a claim using the ABP.

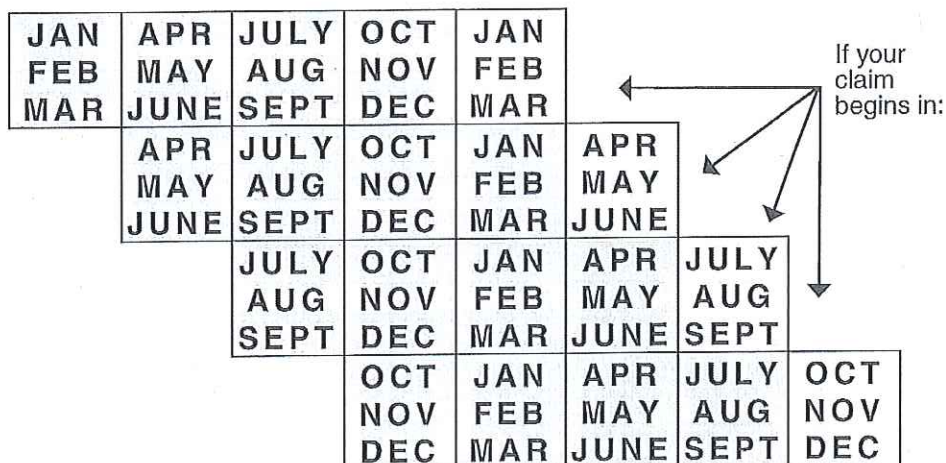
The ABP is the last four completed calendar quarters prior to the beginning date of the claim.

The EDD will automatically file an ABP claim on your behalf if you're not eligible for a SBP claim.

You may be asked to provide additional wage information so the EDD can correctly calculate your benefit amount. If you receive an *Affidavit of Wages*, DE 23A, provide the requested documents and return to the EDD.

Note: The ABP can **only** be used when there are not enough wages earned in the standard base period.

Refer to the chart below. The shaded area represents the ABP. The non-shaded area represents the quarter the claim is filed.



Waiting Period

Unemployment Insurance claims have a mandatory, one week, unpaid waiting period. This waiting period generally takes effect on the first eligible week of a claim and prior to benefits being paid. Do not wait to file your claim because the waiting period cannot be served until a claim has been filed.

How to Certify for Benefits

To serve your waiting period and receive benefit payments, you must meet all eligibility requirements and certify for benefits every two weeks.

There are three ways to certify for benefits:

- **UI OnlineSM:** www.edd.ca.gov/UI_Online
This is the fastest way to certify for benefits and report work and wages. To use UI Online, you must create a secure login through Benefit Programs Online **and** complete a one-time registration for UI Online.

For added convenience, UI Online MobileSM is available from mobile devices.

- **EDD Tele-CertSM:** 1-866-333-4606
Certify over the phone by calling 1-866-333-4606. Select option 2 and follow all instructions. To access EDD Tele-Cert you must create a PIN.
- **Mail:** *Continued Claim* form, DE 4581
Complete, sign, and mail the form to the EDD.

Note: For faster processing, certify through UI Online or EDD Tele-Cert.

Payments

Payments are issued after you certify for benefits and continue to meet all eligibility requirements for every week you claim benefits.

EDD Debit CardSM

After your first payment is authorized, Bank of America will mail you an EDD Debit Card. The card is valid for three years and used for all Disability Insurance (DI), Paid Family Leave (PFL), and Unemployment Insurance (UI) benefits.

If you have an EDD Debit Card from a previous DI, PFL, or UI claim that is still valid, you will not be mailed a new card until the card has expired.

For more information, visit www.bankofamerica.com/eddcard.

Tax Requirements

UI benefits are subject to federal income tax, but exempt from California state income tax. Each time you certify for benefits, you can choose to withhold the 10 percent federal income tax from your weekly benefit payment. Otherwise, you will be required to pay the tax at the end of the year, when you file your tax return.

Each January, the EDD mails a Form 1099G to individuals who received UI benefits during the previous calendar year. Use the form to report important tax information on your federal tax return. You can access Form 1099G information for up to the past five years and/or request duplicate copies through UI Online or by calling 1-866-401-2849.

Child Support Obligations

Your UI benefits may be reduced if you're required to pay child support payments to a court, District Attorney's office, or other child support enforcement agency.

Report Earnings

You are required to report **all** work, wages, and other income to the EDD during the week they were earned, not when you receive your pay. Failure to properly report your earnings can result in overpayments and penalties.

Types of income to report:

- Piece work
- Idle time pay
- Jury fees
- Commissions
- Witness fees
- Reuse pay
- Holiday pay
- Holding fees
- Residuals
- Awards
- Workers' Compensation pension, retirement, annuity
- Vacation pay
- In-lieu-of-notice pay
- Bonuses
- Tips
- Self-employment income
- Strike benefits/picket pay
- Standby pay
- Bereavement
- Back-pay
- Paid sick leave

Note: You must report board, lodging, meals, or any other payment you receive instead of money when you work. If you are unsure about how to report wages, contact the EDD.

Pension or Retirement Pay

UI benefits may be reduced if you are receiving a pension, retirement pay, annuity, or other similar payment based on your previous work.

Social Security benefits are not deductible and do not need to be reported to the EDD.

Part-Time Work

If you work less than full-time, you may still be eligible for partial UI benefits. The first \$25 or 25 percent of your gross total earnings for the week (whichever is greater) will not be counted toward your benefit amount. The amount remaining will be deducted from your weekly benefit amount.

Example 1:

Your weekly benefit amount is \$50. You earn \$30. You must report the \$30; however, the first \$25 is not counted, leaving \$5 to deduct from your weekly benefit amount. You would receive \$45 (\$50 minus \$5) in UI benefits.

Example 2:

Your weekly benefit amount is \$400. You earn \$200. You must report \$200; however, the first 25 percent (\$50) is not counted, leaving \$150 to deduct from your weekly benefit amount. You would receive \$250 (\$400 minus \$150) in UI benefits.

How Your Eligibility is Determined

To be eligible, you must be:

- Out of work due to no fault of your own.
- Physically able to work.
- Ready to accept work.
- Actively looking for work.

If you were laid off, you're considered to be out of work through no fault of your own.

If you quit your last job, were fired, or unemployed due to a strike or lockout, the EDD will schedule a phone interview with you to collect information on the reason you're no longer working. Your UI benefits cannot be paid until your phone interview is complete, you certify for benefits, and the EDD determines your eligibility.

You have the right to request more time to gather information, contact witnesses, or obtain the advice of a representative. If the eligibility issue involves an employer, the EDD may contact the employer.

If you are sent a written request for more information and you respond by mail, the EDD interviewer will use the information provided to determine your eligibility.

If you're denied benefits for any reason throughout your claim, including insufficient wages to establish a claim, a written *Notice of Determination*, DE 1080CZ, will be mailed to you explaining the reason along with your appeal rights.

Important: Your benefits can be delayed or denied if you're not available for the interview or do not submit the required information. The EDD will make a decision of eligibility based on the information available.

Appeals Process

If you're denied UI benefits, you have the legal right to appeal the decision by completing and mailing the *Appeal Form*, DE 1000M. To be considered timely, it must be mailed within 30 calendar days from the mailing date of the *Notice of Determination*, DE 1080CZ. If you miss the 30-day deadline, you may still appeal, but you must show good cause for the delay.

Your appeal will be heard by an independent administrative law judge. Hearings are informal, but all testimony is taken under oath and is subject to cross-examination. The office of appeal will notify you of when and where the hearing will be held.

Before the hearing, you have the right to review all records affecting your appeal. Those records are provided by California Unemployment Insurance Appeals Board (CUIAB). You can request records from the EDD to prepare for your hearing.

At the hearing, you may be represented by yourself, a union official, an attorney, or anyone else you select. You may bring any relevant documentation you may have to support your case.

After the hearing, you are mailed the administrative law judge's decision. If you're not satisfied, you may submit a second level appeal to the CUIAB.

For information on how the UI code is applied, including current case studies, see the Benefit Determination Guide. A copy is available at www.edd.ca.gov/uibdg.

Important: You're required to continue to certify for benefits while your claim is under appeal. If the original decision is reversed, the EDD can quickly issue all back payments to you. **Failure to comply could result in your benefits being denied or delayed.**

Cancelling a Claim

You may cancel a claim if you meet **all** of the following criteria:

- No benefits have been paid.
- You're not disqualified for benefits due to an eligibility issue.
- An overpayment has not been established on the claim.
- You notify the EDD before the 52-week benefit year ends.

Once a claim is canceled, it cannot be re-established with the same beginning date. You must file a new claim, which will have a later beginning date.

Workers Not Covered by Unemployment Insurance

The following groups of workers are not normally covered:

- Elected officials.
- Self-employed, unless participating in elective coverage.
- Students enrolled and regularly attending classes at the school or education institution where employed.
- Members of a Limited Liability Company (LLC) that are treated as a partnership for federal income tax reporting purposes.
- A student's spouse who is working for an educational institution in an employment program provided for the purpose of financially aiding the student.
- Parents employed by their children.
- Husbands and wives employed by each other.
- Certain state-licensed salespersons paid only by commissions.
- Caddies and jockeys.

If you do not know whether you are covered, do not waive your rights. Contact the EDD for more information.

Elective Coverage

Under certain conditions, employers of the individuals whose services are not covered may elect to cover those services. If you're not sure whether you're eligible for these benefits, contact the EDD.

Request a Claim Print Out

You may request a print out of your claim through one of the following methods:

- UI Online at www.edd.ca.gov/UI_Online (account required). Select **Claim History** and print.
- Call the EDD at 1-800-300-5616.

Special Programs

California Training Benefits (CTB)

If you're attending school or training while receiving UI benefits, you may qualify for the CTB program.

If eligible, you can further your education, upgrade your skills, and/or learn a new trade while attending an EDD-approved training or school program to be more competitive in today's labor market.

While in school or training, you'll be exempt from the requirements to be available for work, actively seek work, and accept work. You may also be eligible for additional weeks of benefits. Learn more at www.edd.ca.gov/unemployment/California_Training_Benefits.htm.

Note: The EDD does **not** cover any educational or training-related expenses such as tuition, fees, books, supplies, or transportation. However, there are state, federal, or employer programs that may fund your school or training.

Training Extension (TE)

A TE provides additional benefits to individuals who have been approved for California Training Benefits (CTB), while completing school or training. Only one TE is allowed for each CTB-approved training period.

If interested, you must contact the EDD to inquire about a TE before receiving the 16th week of benefits. For claims that have less than 16 weeks of benefits, you **must** contact the EDD before the claim reaches a zero balance.

Workforce Innovation and Opportunity Act (WIOA)

The WIOA is a federally funded program that provides a range of employment services, education, training, and support services to help job seekers and workers. In California, WIOA services are provided through America's Job Center of CaliforniaSM (AJCC) locations. AJCC locations throughout the state provide in person assistance for no cost. To find an office near you, visit www.edd.ca.gov/Office_Locator or call 1-877-872-5627.

Disaster Unemployment Assistance (DUA)

The federal DUA program provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster and who are **not** eligible for regular UI benefits. These benefits are available only when the President of the United States declares a major disaster.

If DUA benefits are available, information will be posted on the EDD website at www.edd.ca.gov.

Trade Adjustment Assistance (TAA)/Re-employment Trade Adjustment Assistance (RTAA)

The TAA program is a federally funded program that provides training and training-related benefits and services to workers who are certified by the U.S. Department of Labor as having lost their jobs, or had their hours and wages reduced, as a result of increased imports from, or a shift in production to, a foreign country.

The RTAA program provides wage subsidies to individuals age 50 or older who return to work paying less than their former trade impacted employment.

Extended Benefits

Extended benefits are available to workers who have exhausted regular unemployment insurance benefits when the unemployment rate equals or exceeds a certain percentage established by state and/or federal law or when the federal government approves special extended benefit legislation.

Railroad Unemployment Benefits

Railroad workers may claim benefits under the U.S. Railroad Unemployment Insurance Act. This program is administered by the U.S. Railroad Retirement Board (RRB).

To file a claim, call the toll-free number at 1-877-772-5772 between 9 a.m. and 3:30 p.m., Monday through Friday to speak to an RRB representative or file online at www.rrb.gov.

Unemployment Insurance Fraud Prevention and Detection

The Employment Development Department (EDD) takes the security of personal and confidential information very seriously. Therefore, all data submitted us is encrypted. Additional safeguards are built in to further protect your personal information from imposter fraud and identity theft.

Imposter fraud occurs when someone intentionally files an UI claim using another person's employment or personal information. The EDD actively investigates cases of imposter fraud and is committed to protecting the identities of legitimate claimants.

If we suspect that there may be identity or imposter issues, you'll receive a written request to validate the information provided to us. We'll also contact your former employer(s) and governmental entities to verify the documents and any information you supply.

For more information, download the *Protect Your Identity and Stop Unemployment Insurance Imposter Fraud*, DE 2360EE, brochure from the EDD website at www.edd.ca.gov/pdf_pub_ctr/de2360ee.pdf.

To report UI fraud, visit <https://askedd.edd.ca.gov> and select **Report Fraud** to submit a Fraud Reporting Form online or call the EDD toll-free fraud hotline at 1-800-229-6297.

Penalties

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include a loss of benefits, a false statement disqualification, and/or criminal prosecution.

A false statement disqualification denies benefits from 2 to 23 weeks. The disqualification stays on your record for three years or until served, whichever comes first. To serve false statement weeks, you must continue to certify for UI benefits, and meet all other eligibility requirements. You will not be paid during this time.

Benefit Audits

The EDD conducts audits by cross-referencing employer information with unemployment (UI) claim information. This allows us to determine if a claimant received benefits after returning to work. Overpayments and penalties collected from these audits ensure the solvency of the UI Trust Fund and help reduce UI taxes.

Social Security Number Verification

The EDD may require you to verify your Social Security number (SSN) as issued to you by the Social Security Administration (SSA).

Your eligibility for benefits may be affected if:

- The SSN provided is under a different name or belongs to another individual.
- The SSN is not valid.
- The SSN was never issued by the SSA.
- The wages in the base period belong to another individual.
- The date of birth at the SSA is different than the date of birth you gave when you filed your claim.

If the EDD requires you to verify your SSN, you may be asked to submit a complete copy of your Social Security Statement. To obtain a copy of your complete Social Security Statement access the SSA website at www.ssa.gov.

A copy of your Social Security card will not satisfy this requirement.

State Disability Insurance (SDI)

SDI is comprised of Disability Insurance and Paid Family Leave. Most workers covered by California UI are also covered by SDI. The program is funded entirely by workers through a payroll tax withheld from their earnings.

Exceptions:

- Employees of local public entities (except workers in district hospitals) are not covered by SDI unless the employer elects such coverage.
- Employees of the state or state-funded institutions of higher education may, through their collective bargaining units, elect to be covered by SDI.
- Self-employed individuals may elect to be covered by SDI.

Disability Insurance (DI)

DI provides short-time, partial wage replacement benefits to workers who are unable to work due to a non-work-related illness or injury, pregnancy, or childbirth.

Your DI claim must be submitted within 49 days from the first day your disability begins. If you miss this deadline, you may lose benefits for the number of days that the claim is late unless you demonstrate good cause for the delay. For faster processing, file your claim using SDI Online.

The first seven days of a DI claim is a non-payable waiting period. Benefits begin with the eighth day of disability. DI is payable for a maximum of 52 weeks.

Exception: If a claim is filed for the same or related cause or condition within 60 days of the initial claim, there will be no new waiting period.

To file a claim or learn more, visit www.edd.ca.gov/disability. EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 19 for a list of DI phone numbers.

Paid Family Leave (PFL)

PFL provides partial wage replacement benefits to individuals who need to take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. Benefits are also available to parents who need time to bond with a new child entering their family either by birth, adoption, or foster care placement. Unlike DI, there is no waiting period.

To file, or learn more visit
www.edd.ca.gov/Disability/Paid_Family_Leave.htm.

EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 19 for a list of PFL phone numbers.

Workforce Services

The EDD partners with the America's Job Center of CaliforniaSM (AJCC) network and provides no-cost employment services for job seekers and employers throughout California.

Workshops are offered on topics including job search, training, résumé writing, and interview techniques. Employers can use our many services to help recruit qualified candidates for open positions, train current employees, and organize job fairs and workshops. To find your nearest AJCC, visit www.edd.ca.gov/Office_Locator.

CalJOBSSM

Job seekers can use CalJOBS to:

- Search for jobs 24 hours a day, 7 days a week. The CalJOBS mobile app is available for download on iTunes and Google Play.
- Create a résumé or upload multiple résumés.
- Explore vocational training, workshops, and other events within their local area.

Note: Registering for a CalJOBS account and posting a résumé is an eligibility requirement for many UI claimants. To register, visit www.caljobs.ca.gov.

Experience Unlimited Program

Professionals from a wide variety of fields can take advantage of EDD-sponsored job clubs. Experience Unlimited provides a place where job seekers can meet with other career professionals to share job leads, provide support, and update their job search skills at no cost. Resources include workshops, résumé evaluations, mock interviews, networking opportunities, and more.

Migrant and Seasonal Farmworkers Program

Assistance is available to farmworkers and food processing workers who may be unfamiliar with the services available through the AJCC network or who have language barriers that might lessen the effectiveness of their job search.

Veterans Services Program

This program assists eligible veterans achieve their employment goals. Services may include an individual employment plan, objective assessment, career counseling, labor market information, job referrals, job search workshops, and job development with potential employers.

Youth Employment Opportunity Program

This special service helps youth, ages 15 through 25, achieve their educational and vocational goals. Services include peer advising, referrals to supportive services, workshops, job referrals and placement assistance, and referrals to training and community outreach efforts.

For more information on the programs and services listed above, visit www.edd.ca.gov/Jobs_and_Training.

Unemployment Insurance Benefit Table
For New Claims with a Beginning Date of January 2, 2005 or After

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 900.00 - 948.99 ... \$ 40		\$ 2,210.01 - 2,236.00 \$86		\$ 3,406.01 - 3,432.00 ... \$132	
949.00 - 974.99 41		2,236.01 - 2,262.00 87		3,432.01 - 3,458.00 133	
975.00 - 1,000.99 42		2,262.01 - 2,288.00 88		3,458.01 - 3,484.00 134	
1,001.00 - 1,026.99 43		2,288.01 - 2,314.00 89		3,484.01 - 3,510.00 135	
1,027.00 - 1,052.99 44		2,314.01 - 2,340.00 90		3,510.01 - 3,536.00 136	
1,053.00 - 1,078.99 45		2,340.01 - 2,366.00 91		3,536.01 - 3,562.00 137	
1,079.00 - 1,117.99 46		2,366.01 - 2,392.00 92		3,562.01 - 3,588.00 138	
1,118.00 - 1,143.99 47		2,392.01 - 2,418.00 93		3,588.01 - 3,614.00 139	
1,144.00 - 1,169.99 48		2,418.01 - 2,444.00 94		3,614.01 - 3,640.00 140	
1,170.00 - 1,195.99 49		2,444.01 - 2,470.00 95		3,640.01 - 3,666.00 141	
1,196.00 - 1,221.99 50		2,470.01 - 2,496.00 96		3,666.01 - 3,692.00 142	
1,222.00 - 1,247.99 51		2,496.01 - 2,522.00 97		3,692.01 - 3,718.00 143	
1,248.00 - 1,286.99 52		2,522.01 - 2,548.00 98		3,718.01 - 3,744.00 144	
1,287.00 - 1,312.99 53		2,548.01 - 2,574.00 99		3,744.01 - 3,770.00 145	
1,313.00 - 1,338.99 54		2,574.01 - 2,600.00 100		3,770.01 - 3,796.00 146	
1,339.00 - 1,364.99 55		2,600.01 - 2,626.00 101		3,796.01 - 3,822.00 147	
1,365.00 - 1,403.99 56		2,626.01 - 2,652.00 102		3,822.01 - 3,848.00 148	
1,404.00 - 1,429.99 57		2,652.01 - 2,678.00 103		3,848.01 - 3,874.00 149	
1,430.00 - 1,455.99 58		2,678.01 - 2,704.00 104		3,874.01 - 3,900.00 150	
1,456.00 - 1,494.99 59		2,704.01 - 2,730.00 105		3,900.01 - 3,926.00 151	
1,495.00 - 1,520.99 60		2,730.01 - 2,756.00 106		3,926.01 - 3,952.00 152	
1,521.00 - 1,546.99 61		2,756.01 - 2,782.00 107		3,952.01 - 3,978.00 153	
1,547.00 - 1,585.99 62		2,782.01 - 2,808.00 108		3,978.01 - 4,004.00 154	
1,586.00 - 1,611.99 63		2,808.01 - 2,834.00 109		4,004.01 - 4,030.00 155	
1,612.00 - 1,637.99 64		2,834.01 - 2,860.00 110		4,030.01 - 4,056.00 156	
1,638.00 - 1,676.99 65		2,860.01 - 2,886.00 111		4,056.01 - 4,082.00 157	
1,677.00 - 1,702.99 66		2,886.01 - 2,912.00 112		4,082.01 - 4,108.00 158	
1,703.00 - 1,741.99 67		2,912.01 - 2,938.00 113		4,108.01 - 4,134.00 159	
1,742.00 - 1,767.99 68		2,938.01 - 2,964.00 114		4,134.01 - 4,160.00 160	
1,768.00 - 1,806.99 69		2,964.01 - 2,990.00 115		4,160.01 - 4,186.00 161	
1,807.00 - 1,832.99 70		2,990.01 - 3,016.00 116		4,186.01 - 4,212.00 162	
1,833.00 - 1,846.00 71		3,016.01 - 3,042.00 117		4,212.01 - 4,238.00 163	
1,846.01 - 1,872.00 72		3,042.01 - 3,068.00 118		4,238.01 - 4,264.00 164	
1,872.01 - 1,898.00 73		3,068.01 - 3,094.00 119		4,264.01 - 4,290.00 165	
1,898.01 - 1,924.00 74		3,094.01 - 3,120.00 120		4,290.01 - 4,316.00 166	
1,924.01 - 1,950.00 75		3,120.01 - 3,146.00 121		4,316.01 - 4,342.00 167	
1,950.01 - 1,976.00 76		3,146.01 - 3,172.00 122		4,342.01 - 4,368.00 168	
1,976.01 - 2,002.00 77		3,172.01 - 3,198.00 123		4,368.01 - 4,394.00 169	
2,002.01 - 2,028.00 78		3,198.01 - 3,224.00 124		4,394.01 - 4,420.00 170	
2,028.01 - 2,054.00 79		3,224.01 - 3,250.00 125		4,420.01 - 4,446.00 171	
2,054.01 - 2,080.00 80		3,250.01 - 3,276.00 126		4,446.01 - 4,472.00 172	
2,080.01 - 2,106.00 81		3,276.01 - 3,302.00 127		4,472.01 - 4,498.00 173	
2,106.01 - 2,132.00 82		3,302.01 - 3,328.00 128		4,498.01 - 4,524.00 174	
2,132.01 - 2,158.00 83		3,328.01 - 3,354.00 129		4,524.01 - 4,550.00 175	
2,158.01 - 2,184.00 84		3,354.01 - 3,380.00 130		4,550.01 - 4,576.00 176	
2,184.01 - 2,210.00 85		3,380.01 - 3,406.00 131		4,576.01 - 4,602.00 177	

Unemployment Insurance Benefit Table
For New Claims with a Beginning Date of January 2, 2005 or After

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 4,602.01 – 4,628.00 ...	\$178	\$ 5,798.01 – 5,824.00 ...	\$224	\$ 6,994.01 – 7,020.00 ...	\$270
4,628.01 – 4,654.00	179	5,824.01 – 5,850.00	225	7,020.01 – 7,046.00	271
4,654.01 – 4,680.00	180	5,850.01 – 5,876.00	226	7,046.01 – 7,072.00	272
4,680.01 – 4,706.00	181	5,876.01 – 5,902.00	227	7,072.01 – 7,098.00	273
4,706.01 – 4,732.00	182	5,902.01 – 5,928.00	228	7,098.01 – 7,124.00	274
4,732.01 – 4,758.00	183	5,928.01 – 5,954.00	229	7,124.01 – 7,150.00	275
4,758.01 – 4,784.00	184	5,954.01 – 5,980.00	230	7,150.01 – 7,176.00	276
4,784.01 – 4,810.00	185	5,980.01 – 6,006.00	231	7,176.01 – 7,202.00	277
4,810.01 – 4,836.00	186	6,006.01 – 6,032.00	232	7,202.01 – 7,228.00	278
4,836.01 – 4,862.00	187	6,032.01 – 6,058.00	233	7,228.01 – 7,254.00	279
4,862.01 – 4,888.00	188	6,058.01 – 6,084.00	234	7,254.01 – 7,280.00	280
4,888.01 – 4,914.00	189	6,084.01 – 6,110.00	235	7,280.01 – 7,306.00	281
4,914.01 – 4,940.00	190	6,110.01 – 6,136.00	236	7,306.01 – 7,332.00	282
4,940.01 – 4,966.00	191	6,136.01 – 6,162.00	237	7,332.01 – 7,358.00	283
4,966.01 – 4,992.00	192	6,162.01 – 6,188.00	238	7,358.01 – 7,384.00	284
4,992.01 – 5,018.00	193	6,188.01 – 6,214.00	239	7,384.01 – 7,410.00	285
5,018.01 – 5,044.00	194	6,214.01 – 6,240.00	240	7,410.01 – 7,436.00	286
5,044.01 – 5,070.00	195	6,240.01 – 6,266.00	241	7,436.01 – 7,462.00	287
5,070.01 – 5,096.00	196	6,266.01 – 6,292.00	242	7,462.01 – 7,488.00	288
5,096.01 – 5,122.00	197	6,292.01 – 6,318.00	243	7,488.01 – 7,514.00	289
5,122.01 – 5,148.00	198	6,318.01 – 6,344.00	244	7,514.01 – 7,540.00	290
5,148.01 – 5,174.00	199	6,344.01 – 6,370.00	245	7,540.01 – 7,566.00	291
5,174.01 – 5,200.00	200	6,370.01 – 6,396.00	246	7,566.01 – 7,592.00	292
5,200.01 – 5,226.00	201	6,396.01 – 6,422.00	247	7,592.01 – 7,618.00	293
5,226.01 – 5,252.00	202	6,422.01 – 6,448.00	248	7,618.01 – 7,644.00	294
5,252.01 – 5,278.00	203	6,448.01 – 6,474.00	249	7,644.01 – 7,670.00	295
5,278.01 – 5,304.00	204	6,474.01 – 6,500.00	250	7,670.01 – 7,696.00	296
5,304.01 – 5,330.00	205	6,500.01 – 6,526.00	251	7,696.01 – 7,722.00	297
5,330.01 – 5,356.00	206	6,526.01 – 6,552.00	252	7,722.01 – 7,748.00	298
5,356.01 – 5,382.00	207	6,552.01 – 6,578.00	253	7,748.01 – 7,774.00	299
5,382.01 – 5,408.00	208	6,578.01 – 6,604.00	254	7,774.01 – 7,800.00	300
5,408.01 – 5,434.00	209	6,604.01 – 6,630.00	255	7,800.01 – 7,826.00	301
5,434.01 – 5,460.00	210	6,630.01 – 6,656.00	256	7,826.01 – 7,852.00	302
5,460.01 – 5,486.00	211	6,656.01 – 6,682.00	257	7,852.01 – 7,878.00	303
5,486.01 – 5,512.00	212	6,682.01 – 6,708.00	258	7,878.01 – 7,904.00	304
5,512.01 – 5,538.00	213	6,708.01 – 6,734.00	259	7,904.01 – 7,930.00	305
5,538.01 – 5,564.00	214	6,734.01 – 6,760.00	260	7,930.01 – 7,956.00	306
5,564.01 – 5,590.00	215	6,760.01 – 6,786.00	261	7,956.01 – 7,982.00	307
5,590.01 – 5,616.00	216	6,786.01 – 6,812.00	262	7,982.01 – 8,008.00	308
5,616.01 – 5,642.00	217	6,812.01 – 6,838.00	263	8,008.01 – 8,034.00	309
5,642.01 – 5,668.00	218	6,838.01 – 6,864.00	264	8,034.01 – 8,060.00	310
5,668.01 – 5,694.00	219	6,864.01 – 6,890.00	265	8,060.01 – 8,086.00	311
5,694.01 – 5,720.00	220	6,890.01 – 6,916.00	266	8,086.01 – 8,112.00	312
5,720.01 – 5,746.00	221	6,916.01 – 6,942.00	267	8,112.01 – 8,138.00	313
5,746.01 – 5,772.00	222	6,942.01 – 6,968.00	268	8,138.01 – 8,164.00	314
5,772.01 – 5,798.00	223	6,968.01 – 6,994.00	269	8,164.01 – 8,190.00	315

Unemployment Insurance Benefit Table
For New Claims with a Beginning Date of January 2, 2005 or After

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 8,190.01 – 8,216.00 ...	\$316	\$ 9,386.01 – 9,412.00 ...	\$362	\$10,582.01 – 10,608.00 ...	\$408
8,216.01 – 8,242.00	317	9,412.01 – 9,438.00	363	10,608.01 – 10,634.00	409
8,242.01 – 8,268.00	318	9,438.01 – 9,464.00	364	10,634.01 – 10,660.00	410
8,268.01 – 8,294.00	319	9,464.01 – 9,490.00	365	10,660.01 – 10,686.00	411
8,294.01 – 8,320.00	320	9,490.01 – 9,516.00	366	10,686.01 – 10,712.00	412
8,320.01 – 8,346.00	321	9,516.01 – 9,542.00	367	10,712.01 – 10,738.00	413
8,346.01 – 8,372.00	322	9,542.01 – 9,568.00	368	10,738.01 – 10,764.00	414
8,372.01 – 8,398.00	323	9,568.01 – 9,594.00	369	10,764.01 – 10,790.00	415
8,398.01 – 8,424.00	324	9,594.01 – 9,620.00	370	10,790.01 – 10,816.00	416
8,424.01 – 8,450.00	325	9,620.01 – 9,646.00	371	10,816.01 – 10,842.00	417
8,450.01 – 8,476.00	326	9,646.01 – 9,672.00	372	10,842.01 – 10,868.00	418
8,476.01 – 8,502.00	327	9,672.01 – 9,698.00	373	10,868.01 – 10,894.00	419
8,502.01 – 8,528.00	328	9,698.01 – 9,724.00	374	10,894.01 – 10,920.00	420
8,528.01 – 8,554.00	329	9,724.01 – 9,750.00	375	10,920.01 – 10,946.00	421
8,554.01 – 8,580.00	330	9,750.01 – 9,776.00	376	10,946.01 – 10,972.00	422
8,580.01 – 8,606.00	331	9,776.01 – 9,802.00	377	10,972.01 – 10,998.00	423
8,606.01 – 8,632.00	332	9,802.01 – 9,828.00	378	10,998.01 – 11,024.00	424
8,632.01 – 8,658.00	333	9,828.01 – 9,854.00	379	11,024.01 – 11,050.00	425
8,658.01 – 8,684.00	334	9,854.01 – 9,880.00	380	11,050.01 – 11,076.00	426
8,684.01 – 8,710.00	335	9,880.01 – 9,906.00	381	11,076.01 – 11,102.00	427
8,710.01 – 8,736.00	336	9,906.01 – 9,932.00	382	11,102.01 – 11,128.00	428
8,736.01 – 8,762.00	337	9,932.01 – 9,958.00	383	11,128.01 – 11,154.00	429
8,762.01 – 8,788.00	338	9,958.01 – 9,984.00	384	11,154.01 – 11,180.00	430
8,788.01 – 8,814.00	339	9,984.01 – 10,010.00	385	11,180.01 – 11,206.00	431
8,814.01 – 8,840.00	340	10,010.01 – 10,036.00	386	11,206.01 – 11,232.00	432
8,840.01 – 8,866.00	341	10,036.01 – 10,062.00	387	11,232.01 – 11,258.00	433
8,866.01 – 8,892.00	342	10,062.01 – 10,088.00	388	11,258.01 – 11,284.00	434
8,892.01 – 8,918.00	343	10,088.01 – 10,114.00	389	11,284.01 – 11,310.00	435
8,918.01 – 8,944.00	344	10,114.01 – 10,140.00	390	11,310.01 – 11,336.00	436
8,944.01 – 8,970.00	345	10,140.01 – 10,166.00	391	11,336.01 – 11,362.00	437
8,970.01 – 8,996.00	346	10,166.01 – 10,192.00	392	11,362.01 – 11,388.00	438
8,996.01 – 9,022.00	347	10,192.01 – 10,218.00	393	11,388.01 – 11,414.00	439
9,022.01 – 9,048.00	348	10,218.01 – 10,244.00	394	11,414.01 – 11,440.00	440
9,048.01 – 9,074.00	349	10,244.01 – 10,270.00	395	11,440.01 – 11,466.00	441
9,074.01 – 9,100.00	350	10,270.01 – 10,296.00	396	11,466.01 – 11,492.00	442
9,100.01 – 9,126.00	351	10,296.01 – 10,322.00	397	11,492.01 – 11,518.00	443
9,126.01 – 9,152.00	352	10,322.01 – 10,348.00	398	11,518.01 – 11,544.00	444
9,152.01 – 9,178.00	353	10,348.01 – 10,374.00	399	11,544.01 – 11,570.00	445
9,178.01 – 9,204.00	354	10,374.01 – 10,400.00	400	11,570.01 – 11,596.00	446
9,204.01 – 9,230.00	355	10,400.01 – 10,426.00	401	11,596.01 – 11,622.00	447
9,230.01 – 9,256.00	356	10,426.01 – 10,452.00	402	11,622.01 – 11,648.00	448
9,256.01 – 9,282.00	357	10,452.01 – 10,478.00	403	11,648.01 – 11,674.00	449
9,282.01 – 9,308.00	358	10,478.01 – 10,504.00	404	11,674.01 – and over	450
9,308.01 – 9,334.00	359	10,504.01 – 10,530.00	405		
9,334.01 – 9,360.00	360	10,530.01 – 10,556.00	406		
9,360.01 – 9,386.00	361	10,556.01 – 10,582.00	407		

How to Get Help Online

- To learn more about EDD services and programs, visit the EDD website at www.edd.ca.gov.
- To ask us a question, access your UI Online or SDI account or visit <https://askedd.edd.ca.gov>.
- To find your nearest AJCC, visit www.edd.ca.gov/Office_Locator.

Phone

All of our phone numbers are toll free. For relay service, provide one of the numbers below to the operator.

Unemployment Insurance

EDD staff are available Monday through Friday between 8 a.m. and 12 noon (Pacific Time), except on state holidays.

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY	1-800-815-9387

Disability Insurance

EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

English	1-800-480-3287	Spanish	1-866-658-8846
TTY	1-800-563-2441		

Paid Family Leave

EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

English	1-877-238-4373	Cantonese	1-866-692-5595
Spanish	1-877-379-3819	Vietnamese	1-866-692-5596
Armenian	1-866-627-1567	Punjabi	1-866-627-1568
Tagalog	1-866-627-1569	TTY	1-800-445-1312



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

This publication is available on the EDD website at:
www.edd.ca.gov/pdf_pub_ctr/de2320.pdf

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling the information numbers listed in this book.

Disclaimer: If you opted out of receiving paper forms, it may still be necessary for the EDD to send some documents via U.S. mail.