

PRIVACY NOTICE TO CALIFORNIA WORKSITE EMPLOYEES

DecisionHR Holdings, Inc., and our subsidiaries and affiliates (collectively, the “**Company**” or “**we**”) provide this California Privacy Notice (“**Notice**”) to describe our privacy practices with respect to our collection of Personal Information as required under the California Consumer Privacy Act (“**CCPA**”). This Notice applies only to client worksite employees who are residents of the State of California and from whom we collect “**Personal Information**” as defined in the CCPA.

1. Information We Collect From or About Worksite Employees

We may collect, receive, maintain, and use the following categories of Personal Information for any of the purposes listed below in this Notice and to the extent permitted under applicable law:

CATEGORY	EXAMPLES	RETENTION PERIOD
Personal Identifiers	Name, alias, social security number, date of birth, driver’s license or state identification card number, passport number, employee ID number.	Name and worksite employee ID number: permanent Otherwise, duration of worksite employment plus 6 years
Visual, Audio, or Video Recordings	Photos, images, audio recordings, video recordings.	7 years from date of receipt
Contact Information	Home, postal or mailing address, email address, home phone number, cell phone number.	Duration of worksite employment plus 4 years
Account Information	Username and password for Company accounts and systems, and any required security or access code, password, or credentials allowing access to your Company accounts.	Username: permanent; Password or security code: duration of worksite employment plus 6 months
Protected Classifications	Race, ethnicity, national origin, sex, gender, sexual orientation, gender identity, religious or philosophical beliefs, age, physical or mental disability, medical condition, veteran or military status, familial status, language, or union membership.	Duration of worksite employment plus 4 years
Physical Characteristics or Description	Information on your Driver’s License (such as eye color, hair color, height, weight), as well as information collected to the extent relevant for workplace.	Duration of worksite employment plus 4 years
Biometric Information	Fingerprints, retina scans, facial recognition, handprint.	While in use for identity verification plus 6 months
Financial Information	Bank account number for direct deposit, credit card number, debit card number, or other financial account information.	Duration of worksite employment plus 4 years

Pre-Hire Information	Information provided in your job application or resume, information gathered as part of background screening and reference checks, pre-hire drug test results, information recorded in job interview notes by persons conducting job interviews for Company’s customer (worksite employer), information contained in candidate evaluation records and assessments, information in work product samples you provided, voluntary disclosures by you, and Wage Opportunity Tax Credit (WOTC) information.	Duration of worksite employment plus 4 years
Employment History	Information regarding prior job experience, positions held, and when permitted by applicable law your salary history or expectations.	Duration of worksite employment plus 4 years
Education Information	Information contained in your resume regarding educational history and information in transcripts or records of degrees and vocational certifications obtained.	Duration of worksite employment plus 4 years
Professional or Employment-Related Information	Information contained in your personnel file and in other employment documents and records, including information in new hire or onboarding records, I-9 forms, tax forms, time and attendance records, non-medical leave of absence records, workplace injury and safety records, performance evaluations, disciplinary records, investigatory records, training records, licensing and certification records, compensation and health benefits records, pension, retirement and 401(k) records, COBRA notifications, business expense records, and payroll records.	OSHA-related records: 30 years from date of receipt Otherwise, duration of worksite employment plus 4 years
Travel Information	Information regarding business travel, vacation and personal travel plans, and for infectious disease contact tracing purposes the locations travelled to within the applicable infectious period prior to coming to the workplace and the dates spent in those locations.	7 years from date of receipt
Family Information	Contact information for family members listed as emergency contacts, contact information for dependents and other dependent information, medical and health information for family members related to symptoms, exposure, contact tracing, diagnosis, testing, or vaccination for infectious diseases (e.g., COVID-19), pandemics, or other public health emergency, as well as information related to their travel and whom they	Emergency contacts, and contact information for dependents and other dependent information- duration of worksite employment plus 4 years

	have been in close contact with during the applicable infectious period.	Other information related to symptoms, exposure, contact tracing, diagnosis, testing, or vaccination for infectious diseases, pandemics, or other public health emergency- 7 years following the date the information is received
Information of Friends, Co-workers, and Other Associates with Whom You Have Been in Close Contact per applicable infectious disease guidelines	Medical and health information provided to the Company for a worksite employee's friends, co-workers, and other associates related to symptoms, exposure, contact tracing, diagnosis, testing, or vaccination for infectious diseases (e.g., COVID-19), pandemics, or other public health emergency, as well as information related to their travel and whom they have been in close contact with during the applicable infectious period.	7 years from date of receipt
Medical and Health Information	<p>Medical information contained in such documents as doctor's notes for absences or work restrictions, medical leave of absence records, requests for accommodation, interactive process records, ergonomic assessments and accommodation records, and correspondence with you and your medical or mental health provider(s) regarding any request for accommodation or medical leave of absence, as well as information in post-hire drug test results, and information related to symptoms, exposure, contact tracing, diagnosis, testing, or vaccination for infectious diseases (e.g., COVID-19), pandemics, or other public health emergency.</p> <p>This includes medical information and health benefits information for dependents and beneficiaries.</p>	<p>OSHA-related records: 30 years from date of receipt</p> <p>Otherwise, duration of worksite employment plus 4 years</p>
Internet, Network, and Computer Activity	Internet or other electronic network activity information related to usage of Company networks, servers, intranet, or shared drives, including system and file access logs, security clearance level, browsing history, search history, and usage history.	Duration of worksite employment plus 6 months
Mobile Device Security Information	Data identifying worksite employee mobile devices accessing Company networks and systems, including cell phone make, model, and serial number, cell phone number, and cell phone provider.	Duration of worksite employment plus 6 months

Online Portal and Mobile App Access and Usage Information	Username and password, account history, usage history, file access logs, and security clearance level.	Duration of worksite employment plus 6 months
Geolocation Data	IP address and/or GPS location (latitude & longitude) recorded in timekeeping applications that worksite employees use to clock in and out and that log the geographic location at which each time entry was made.	Duration of worksite employment plus 6 months
Systems Access Records	Information identifying which worksite employees accessed secure Company systems and networks and at what times using their login credentials, or other security access method.	Duration of worksite employment plus 6 months

Of the above categories of Personal Information, the following are categories of Sensitive Personal Information the Company may collect:

1. Personal Identifiers (social security number, driver’s license or state identification card number, passport number)
2. Account Information (your Company account log-in, in combination with any required security or access code, password, or credentials allowing access to the account)
3. Protected Classifications (racial or ethnic origin, religious or philosophical beliefs, union membership, or sexual orientation)
4. Biometric Information (used for the purpose of uniquely identifying you)
5. Medical and Health Information
6. Geolocation Data (IP address and/or GPS location, latitude & longitude)

Personal information does not include:

- Publicly available information from government records.
- Information that a business has a reasonable basis to believe is lawfully made available to the general public by the worksite employee or from widely distributed media.
- Information made available by a person to whom the worksite employee has disclosed the information if the worksite employee has not restricted the information to a specific audience.
- De-identified or aggregated information.

2. How We Use Personal Information and Sensitive Personal Information

The Personal Information and Sensitive Personal Information we collect, and our use of Personal Information and Sensitive Personal Information, may vary depending on the circumstances. This Notice is intended to provide an overall description of our collection and use of Personal Information and Sensitive Personal Information. Generally, we may use or disclose Personal Information and Sensitive Personal Information we collect from you or about you for one or more of the following purposes:

1. To fulfill or meet the purpose for which you provided the information. For example, if you share your name and contact information to become a worksite employee, we will use that Personal Information in connection with your employment with your worksite employer or your relationship with us.

2. To assist the Company's customer (the worksite employer) to comply with local, state, and federal law and regulations requiring maintenance of certain records (such as immigration compliance records, travel records, personnel files, wage and hour records, payroll records, accident or safety records, and tax records).
3. To comply with local, state, and federal law and regulations that apply to the Company.
4. To manage and process payroll.
5. To validate a worksite employee's identity for payroll and timekeeping purposes.
6. To maintain commercial insurance policies and coverages, including for workers' compensation and other liability insurance.
7. To manage workers' compensation claims.
8. To administer, manage, and maintain group health insurance benefits, 401K and/or retirement plans, and other Company benefits and perks.
9. To provide Human Resources best practices consulting services to the Company's customer (the worksite employer), including the following topics:
 - a. Worksite employer's management of worksite employees.
 - b. Workplace investigations (such as investigations of workplace accidents or injuries, harassment, or other misconduct).
 - c. Worksite employer's evaluation of job applicants and candidates for employment or promotions.
 - d. Information gathered through background checks on job applicants and worksite employees and to verify employment references.
 - e. Worksite employer's decisions regarding a worksite employee's employment, including decisions to hire, terminate, promote, demote, transfer, suspend or discipline.
10. To communicate with worksite employees regarding employment-related administrative matters such as upcoming benefits enrollment deadlines, action items, availability of W2s, and other alerts and notifications.
11. To implement, monitor, and manage electronic security measures on Company networks, software applications or systems, including managing and securing online portals accessed by worksite employees, as well as on worksite employee devices that are used to access Company networks, software applications or systems.
12. To engage in corporate transactions requiring review or disclosure of worksite employee records subject to non-disclosure agreements, such as for evaluating potential mergers and acquisitions of the Company.
13. To assist in communications with a worksite employee's family or other contacts in case of emergency or other necessary circumstance.
14. To assist the Company's customer (the worksite employer) to promote and foster diversity, equity, and inclusion in the workplace.
15. To assist the Company's customer (the worksite employer) with the following obligations:
 - a. To reduce the risk of spreading the disease in or through the workplace.
 - b. To protect worksite employees and other consumers from exposure to infectious diseases (e.g., COVID-19).
 - c. To comply with local, state, and federal law, regulations, ordinances, guidelines, and orders relating to infectious diseases, pandemics, outbreaks, and public health emergencies, including applicable reporting requirements.
 - d. To facilitate and coordinate pandemic-related initiatives and activities (whether customer-sponsored or through the U.S. Center for Disease Control and Prevention, other federal, state and local governmental authorities, and/or public and private entities or establishments, including vaccination initiatives).
 - e. To identify potential symptoms linked to infectious diseases, pandemics, and outbreaks (including through temperature checks, antibody testing, or symptom questionnaire).
 - f. To permit contact tracing relating to any potential exposure to infectious diseases.

- g. To communicate with worksite employees and other consumers regarding potential exposure to infectious diseases (e.g., COVID-19) and properly warn others who have had close contact with an infected or symptomatic individual so that they may take precautionary measures, help prevent further spread of the virus, and obtain treatment, if necessary.
- 16. To evaluate, assess, and manage the Company’s business relationship with vendors, service providers, and contractors that provide services to the Company.
- 17. To improve user experience on Company computers, networks, devices, software applications or systems, and to debug, identify, and repair errors that impair existing intended functionality of our systems.
- 18. To detect security incidents involving potentially unauthorized access to and/or disclosure of Personal Information or other confidential information, including proprietary or trade secret information and third-party information that the Company receives under conditions of confidentiality or subject to privacy rights.
- 19. To protect against malicious or illegal activity and prosecute those responsible.
- 20. To prevent identity theft.
- 21. To verify and respond to consumer requests under applicable consumer privacy laws.

3. Retention of Personal Information

We will retain each category of Personal Information in accordance with our established data retention schedule as indicated in the above table. In deciding how long to retain each category of Personal Information that we collect, we consider many criteria, including, but not limited to the business purposes for which the Personal Information was collected; relevant federal, state and local recordkeeping laws; applicable statute of limitations for claims to which the information may be relevant; and legal preservation of evidence obligations.

We apply our data retention procedures on an annual basis to determine if the business purposes for collecting the personal information, and legal reasons for retaining the personal information, have both expired. If so, we will purge the information in a secure manner.

4. Sale/Sharing of Information to Third Parties

The Company does not and will not sell your Personal Information or Sensitive Personal Information for any monetary or other valuable consideration. The Company does not and will not share your Personal Information or Sensitive Personal Information for cross-context behavioral advertising.

5. Access to Privacy Policy

For more information, please review the Company’s [California Worksite Employee Privacy Policy](#) or visit the Company website at DecisionHR.com where the California Worksite Employee Privacy Policy may be found.

By signing below, I acknowledge and confirm that I have received and read and understand this disclosure.

Worksite Employee’s Signature

Date

Worksite Employee’s Printed Name

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b **2b** \$ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.
a Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000
b Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation
c Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000
2 Add lines 1a, 1b, and 1c. Enter the result here
3 Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):
a Enter \$6,000 if you are age 65 or older before the end of the year
b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment
4 Add lines 3a and 3b. Enter the result here
5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information
6 Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:
a Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income
b State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)
c Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)
d Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income
e Other itemized deductions. Enter the amount for other itemized deductions
7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here
8 Limitation on itemized deductions.
a Enter your total income
b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9
9 Enter: \$768,700 if you're married filing jointly or a qualifying surviving spouse; \$640,600 if you're single or head of household; \$384,350 if you're married filing separately
10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here
11 Standard deduction.
Enter: \$32,200 if you're married filing jointly or a qualifying surviving spouse; \$24,150 if you're head of household; \$16,100 if you're single or married filing separately
12 Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)
13 Add lines 11 and 12. Enter the result here
14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12
15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

The *California Employer's Guide (DE 44)* (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication can be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (ftb.ca.gov).

Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. Criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml).

Worksheets

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

Two-Earners or Multiple Incomes: When earnings come from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "Single or Married (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the "Head of Household" marital status box if you meet all of the following:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

Head of Household: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50 percent of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

Worksheet A

Regular Withholding Allowances

- | | |
|--|-----------|
| (A) Allowance for yourself — enter 1 | (A) _____ |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) _____ |
| (C) Allowance for blindness — yourself — enter 1 | (C) _____ |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) _____ |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4 | (F) _____ |

Instructions — 2 — Additional Withholding Allowances (Optional)

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- | | |
|--|------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. _____ |
| 2. Enter \$11,412 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,706 if single or married filing separately, dual income married, or married with multiple employers | – 2. _____ |
| 3. Subtract line 2 from line 1, enter difference | = 3. _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. _____ |
| 5. Add line 4 to line 3, enter sum | = 5. _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | – 6. _____ |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. _____ |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. _____ |
| 10. Enter amount from line 5 (deductions) | 10. _____ |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. | 11. _____ |

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C

Additional Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2026. 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2. _____
3. Add line 1 and line 2. Enter sum. 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4. _____
5. Enter adjustments to income (line 4 of Worksheet B). 5. _____
6. Add line 4 and line 5. Enter sum. 6. _____
7. Subtract line 6 from line 3. Enter difference. 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2026 tax rate schedules below. 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$168.30). 9. _____
10. Subtract line 9 from line 8. Enter difference. 10. _____
11. Enter any tax credits. (See FTB Form 540). 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2026. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2026. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2026. 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15. _____

Note: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables Are for Calculating Worksheet C and for 2026 Only

**Single Persons, Dual Income Married
or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$11,079	1.100%	\$0	\$0.00
\$11,079	\$26,264	2.200%	\$11,079	\$121.87
\$26,264	\$41,452	4.400%	\$26,264	\$455.94
\$41,452	\$57,542	6.600%	\$41,452	\$1,124.21
\$57,542	\$72,724	8.800%	\$57,542	\$2,186.15
\$72,724	\$371,479	10.230%	\$72,724	\$3,522.17
\$371,479	\$445,771	11.330%	\$371,479	\$34,084.81
\$445,771	\$742,953	12.430%	\$445,771	\$42,502.09
\$742,953	\$1,000,000	13.530%	\$742,953	\$79,441.81
\$1,000,000	and over	14.630%	\$1,000,000	\$114,220.27

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$22,158	1.100%	\$0	\$0.00
\$22,158	\$52,528	2.200%	\$22,158	\$243.74
\$52,528	\$82,904	4.400%	\$52,528	\$911.88
\$82,904	\$115,084	6.600%	\$82,904	\$2,248.42
\$115,084	\$145,448	8.800%	\$115,084	\$4,372.30
\$145,448	\$742,958	10.230%	\$145,448	\$7,044.33
\$742,958	\$891,542	11.330%	\$742,958	\$68,169.60
\$891,542	\$1,000,000	12.430%	\$891,542	\$85,004.17
\$1,000,000	\$1,485,906	13.530%	\$1,000,000	\$98,485.50
\$1,485,906	and over	14.630%	\$1,485,906	\$164,228.58

Unmarried/Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$22,173	1.100%	\$0	\$0.00
\$22,173	\$52,530	2.200%	\$22,173	\$243.90
\$52,530	\$67,716	4.400%	\$52,530	\$911.75
\$67,716	\$83,805	6.600%	\$67,716	\$1,579.93
\$83,805	\$98,990	8.800%	\$83,805	\$2,641.80
\$98,990	\$505,208	10.230%	\$98,990	\$3,978.08
\$505,208	\$606,251	11.330%	\$505,208	\$45,534.18
\$606,251	\$1,000,000	12.430%	\$606,251	\$56,982.35
\$1,000,000	\$1,010,417	13.530%	\$1,000,000	\$105,925.35
\$1,010,417	and over	14.630%	\$1,010,417	\$107,334.77

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB \(ftb.ca.gov\)](http://ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. More information is in the instructions that came with your last California resident income tax return.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

EXHIBIT "A"

WORKSITE EMPLOYEE ACKNOWLEDGMENT

STATE SPECIFIC CO-EMPLOYER NOTICE AND DISCLOSURE

This Co-Employer Notice and Disclosure modifies the Worksite Employee Acknowledgment as follows:

1. In order to provide its services, certain states require DHR to reserve rights and/or commit to certain obligations with respect to your employment.

2. In addition, if you work in one of the following states, the terms set forth below regarding the applicable state apply to you. Any terms listed below shall not affect DHR's reservation of rights and/or obligations in any other states not so listed.

a. California

i. *Meal Periods, Rest Breaks, and Recovery Periods*

Worksite Employer provides an uninterrupted, unpaid, duty-free 30-minute meal period to non-exempt Worksite Employees on days when they work more than 5 hours. This meal period begins no later than the end of the fifth hour of work. Worksite Employer also provides a second uninterrupted, duty-free 30-minute meal period to non-exempt Worksite Employees on days when they work more than 10 hours. This second meal period begins no later than the end of the tenth hour of work. Only in limited circumstances can meal periods be waived.

Additionally, Worksite Employer provides an uninterrupted, paid, duty-free 10-minute rest break for every four hours worked (or major fraction thereof), which should be taken so far as practicable in the middle of each work period. Worksite Employer generally will not authorize a rest break for Worksite Employees whose total daily work time is less than three and one-half (3 ½) hours.

Worksite Employer also provides Worksite Employees who work in conditions exceeding 80 degrees Fahrenheit with the opportunity to take an uninterrupted, paid, cool-down period of at least 5 minutes, as needed to avoid overheating. Worksite Employer will permit Worksite Employees to access provided shaded area(s) and drinking water at any time to avoid heat illness.

Worksite Employer schedules work assignments with the expectation that Worksite Employees will take their duty-free meal periods, rest breaks, and, if applicable, recovery periods, and DHR endorses this policy. Worksite Employer may ask Worksite Employees to confirm in writing that they have been relieved of all duty and otherwise provided all meal periods, rest breaks, and applicable recovery periods during a particular pay period, or in the alternative, identify missed meal periods or rest breaks or denied recovery periods. Worksite Employer does not permit Worksite Employees to perform off-the-clock work or otherwise alter, falsify, or manipulate any aspect of their timekeeping records or to inaccurately reflect or hide meal periods or time spent working during meal periods. Please note, however, that no Worksite Employer manager or supervisor is authorized to instruct Worksite Employees how to spend personal time during a meal period or rest break. Worksite Employees should immediately report a manager's or supervisor's instruction to skip or work during a meal period, rest break, or applicable recovery period to Worksite Employer.

ii. Legally-Mandated Leaves

Worksite Employer provides Worksite Employees time away from scheduled work to the extent required by applicable law provided that eligibility and notice requirements pertaining to the requested leave are satisfied. Legally-mandated leaves of absence include the following: paid sick leave; leave for jury or witness duty; leave for voting; leave for emergency rescue personnel; civil air patrol leave; leave for victims of felony crimes, domestic violence, sexual assault, or stalking; family-school partnership leave; organ or bone marrow donor leave; pregnancy disability leave; FMLA/CFRA leave, including military-related FMLA/CFRA leave; leave for family members of military personnel; and leave to fulfill military duties. DHR endorses this policy.

iii. Alcohol and Drug Testing

Worksite Employer prohibits the unauthorized possession or use of alcohol, drugs, or other mind-altering or intoxicating substances while Worksite Employees are at work or engaged in work-related activities. Worksite Employees may be required to submit to drug/alcohol screening whenever Worksite Employer has a reasonable suspicion that Worksite Employee has violated this rule. Reasonable suspicion may arise from, among other factors, supervisory observation, reports or complaints from other Worksite Employees, performance decline, attendance or behavioral changes, results of drug searches or other detection methods, or involvement in a work related injury or accident, the circumstances of which create a reasonable suspicion that Worksite Employee has violated this rule. To enforce this policy, Worksite Employer may investigate potential violations and require Worksite Employees to undergo drug/alcohol screening, including urinalysis, blood tests or other appropriate tests and, where appropriate, searches of all areas of Worksite Employer's physical premises, including, but not limited to work areas, personal articles, Worksite Employees' clothes, desks, work stations, lockers, and vehicles located on Worksite Employer's premises.

b. Florida

- i. DHR has secured workers' compensation coverage for Covered Employee and will maintain such coverage for the duration of its relationship with Worksite Employer.

c. Hawaii

- i. Only to the extent required by State law, DHR shall serve as the employer of record during the term of this Agreement for purposes of complying with all laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage.

d. Massachusetts

- i. Worksite Employer shall post a notice of the co-employment relationship and provide a copy of the notice to worksite employees in a form that is substantially similar to Exhibit "B," hereto, in compliance with 454 Code Mass. Regs. § 30.06.

e. Montana

- i. The first sentence of Paragraph 3 of the Worksite Employee Acknowledgement is replaced with this sentence, “If you are providing services to Worksite Employer in Montana your employment relationship may be terminated by Worksite Employer as set forth in Montana Code section 39-2-901, *et seq.*”
- ii. Only to the extent required by State law, DHR (a) reserves a right of direction and control over Worksite Employees; and (b) retains authority to hire, terminate, discipline, and reassign Worksite Employees.
- iii. Worksite Employer retains sufficient direction or control as necessary to conduct its business and without which Worksite Employer would be unable to conduct business, discharge fiduciary responsibilities, or comply with State licensing laws.
- iv. Worksite Employer retains the right to accept or cancel the assignment of a Worksite Employee.

f. Nevada

- i. In compliance with NRS 616C.010(6), Worksite Employee, or someone acting on their behalf, may contact Worksite Employer at the number listed in Section 1 of the Worksite Employee Acknowledgement to notify Worksite Employer of a work-related injury or illness. If Worksite Employer does not timely or completely address the report of a work-related injury or illness, then Worksite Employee may contact DHR at the number listed in Section 1 of the Worksite Employee Acknowledgement.

g. New Hampshire

- i. In compliance with NHRSA § 277-B:9(I)(i) and (j), Worksite Employee, or someone acting on his or her behalf, may contact Worksite Employer at the telephone number listed in Section 1 of the Worksite Employee Acknowledgement to address any work-related questions or concerns that Worksite Employee may have or to lodge any work-related complaint. If Worksite Employer does not timely or completely address the issue(s) or complaint(s) lodged by Worksite Employee, then Worksite Employee may contact DHR at the telephone number listed in Section 1 of the Worksite Employee Acknowledgement.

h. New Mexico

- i. DHR is in compliance with the State’s workers’ compensation requirements under NMSA § 52-1-4.

i. Rhode Island

- i. Worksite Employer shall be solely responsible for the quality, adequacy, and safety of the goods or services produced or sold in Worksite Employer’s business.

- ii. Worksite Employer shall be solely responsible for directing, supervising, training, and controlling the work of the Worksite Employees with respect to the business activities of Worksite Employer and shall be solely responsible for the acts, errors, or omissions of the Worksite Employees with regard to those activities.
- iii. DHR shall not be liable for the acts, errors, or omissions of Worksite Employer or of any Worksite Employee when the Worksite Employee is acting under the express direction and control of Worksite Employer.
- iv. A Worksite Employee shall not be considered, solely as the result of being a Worksite Employee, an employee of DHR for purposes of general liability insurance, fidelity bonds, surety bonds, employer's liability which is not covered by workers' compensation, or other liability insurance carried by DHR unless the Worksite Employees are included by specific, express reference in an applicable employment agreement, insurance contract or bond.

j. South Carolina

- i. Only to the extent required by State law, DHR (a) reserves a right of direction and control over the Worksite Employees; (b) retains a right to hire, discipline, terminate, and reassign the Worksite Employees; (c) has the responsibility to pay wages to the Worksite Employees and to collect and pay payroll taxes on such wages, regardless of payments by the Worksite Employer to DHR; and (d) retains a right of direction or control over the adoption of employment policies and the management of workers' compensation claims, claim filings, and related procedures on joint agreement by Worksite Employer and DHR in accordance with applicable federal and state laws.
- ii. DHR and Worksite Employer are operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to a Worksite Employee, the injured Worksite Employee, or someone acting on his or her behalf, shall notify immediately DHR or Worksite Employer at the telephone numbers listed in Section 1 of the Worksite Employee Acknowledgement. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to a Worksite Employee or a Worksite Employee's beneficiaries and may result in failure to receive any compensation benefits.
- iii. DHR has secured workers' compensation coverage for Worksite Employee and will maintain such coverage for the duration of its relationship with Worksite Employer.
- iv. DHR and Worksite Employer have agreed that (a) notice to or acknowledgment of the occurrence of an injury on the part of Worksite Employer is notice to or knowledge on the part of DHR and its workers' compensation insurer; (b) for the purposes of state law, the jurisdiction of Worksite Employer is the jurisdiction of DHR and its workers' compensation insurer; (c) DHR and its workers' compensation insurer are bound by and subject to the awards, judgments, or decrees rendered against them under state law; and (d) insolvency, bankruptcy, or

discharge in bankruptcy of DHR or Worksite Employer does not relieve DHR, Worksite Employer, or their respective workers' compensation insurers from payment of compensation for disability or death sustained by an employee during the life of a workers' compensation insurance policy.

- v. DHR is licensed and regulated by the South Carolina Department of Consumer Affairs. Worksite Employee understands that any questions, issues, or complaints regarding his or her co-employment, professional employer organizations generally, or DHR specifically, may be brought to either DHR's or Worksite Employer's attention at any time. Worksite Employee further understands that any unresolved complaints concerning DHR or questions concerning the regulation of professional employer organizations in South Carolina can be directed to the South Carolina Department of Consumer Affairs, PO Box 5757, Columbia, SC 29250, www.consumer.sc.gov, (803) 734-4200.

- k. Texas

- i. Worksite Employer is solely obligated pay any wages for which (a) obligation to pay is created by an agreement, contract, plan, or policy between Worksite Employer and Worksite Employee; or (b) DHR has not contracted to pay.
- ii. Worksite Employee understands that any questions, issues, or complaints regarding his or her co-employment, professional employer organizations generally, or DHR specifically, may be brought to either DHR's or Worksite Employer's attention at any time. Worksite Employee further understands that any unresolved complaints concerning DHR or questions concerning the regulation of professional employer organizations in Texas may be addressed to: Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, (512) 463-6599, www.tdlr.state.tx.us.

- l. Vermont

- i. In compliance with Code of Vermont Rules 24-010-007 § 5:G, Worksite Employee, or someone acting on their behalf, may contact Worksite Employer at the telephone number listed in Section 1 of the Worksite Employee Acknowledgement to address any work-related questions or concerns that Worksite Employee may have or to lodge any work-related complaint. If Worksite Employer does not timely or completely address the issue(s) or complaint(s) lodged by Worksite Employee, then Worksite Employee may contact DHR at the telephone number listed in Section 1 of the Worksite Employee Acknowledgement. Additionally, DHR is subject to licensing regulations, which will be provided to Covered Employee by the Department of Labor and Industry upon request.

m. Virginia

- i. In case of a work-related accidental injury or death to a Worksite Employee, the injured Worksite Employee, or someone acting on his or her behalf, shall notify immediately DHR or Worksite Employer at the telephone numbers listed in Section 1 of the Worksite Employee Acknowledgement. In case Worksite Employee becomes partially or fully unemployed through no fault of his or her own, Worksite Employee can apply for unemployment benefits by contacting the Virginia Employment Commission at (866) 832-2363, or completing an on-line application by going to www.vec.virginia.gov.

3. Notwithstanding the above, DHR assumes no obligations beyond that which are required by law in order to provide DHR's services. To the extent consent to the PEO co-employment arrangement is required in the state where you work, your signature on the Worksite Employee Acknowledgment represents your consent.

4. In the event of any conflict between the Worksite Employee Acknowledgment and this Exhibit "A," this Exhibit "A" shall control. Except as set forth herein, the Worksite Employee Acknowledgment is not modified by this Exhibit "A."

* * *

EXHIBIT "B"

WORKSITE EMPLOYEE ACKNOWLEDGMENT

MASSACHUSETTS NOTICE OF CO-EMPLOYER RELATIONSHIP

This Notice modifies the Worksite Employee Acknowledgment as follows:

1. If you work in Massachusetts, the terms set forth below apply to you. However, the terms listed below shall not affect DHR's reservation of rights and/or obligations in any other states.
 - a. The general nature of the co-employment relationship is detailed in the Worksite Employee Acknowledgement.
 - b. The telephone number for the Massachusetts Department of Labor Standards (DLS) is (617) 626-6975.
 - c. DecisionHR's telephone number is 888-828-5511.
 - d. The name of the insurance carrier for the workers' compensation policy that covers worksite employees in Massachusetts is AIG.
 - e. DecisionHR maintains the above-referenced workers' compensation insurance policy and performs safety inspections at the workplace.
 - f. Work-related accidents, injuries, or death to a Worksite Employee or hazardous worksite conditions should be immediately reported to DHR at is 888-828-5511 and/or to Worksite Employer.

This document contains important information. Please have it translated immediately.

В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.

تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً.

Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.

Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.

Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.

此文件含有重要信息。請立即找人翻譯。

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.

Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.

ខេត្តសាធារណរដ្ឋប្រជាមានិតកម្ពុជា
រដ្ឋបាលនៃគណៈកម្មាធិការជាតិរៀបចំការបោះឆ្នោត
យ៉ាងហោចណាស់។

ឯកសារនេះមានន័យសំខាន់ ។

សូមបកប្រែជាបន្ទាន់ ។

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.

Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.



- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.



OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Address: _____

Phone: _____

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.



Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **\$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.



You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this notice. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. You may use the form included in this notice. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. 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.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [https:// www.dir.ca.gov/dwc/ianda.html](https://www.dir.ca.gov/dwc/ianda.html) or call **1-800-736-7401**.

The nearest I&A Unit is located at: Address: _____ Phone number: _____
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Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

Additional Rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: www.dwc.ca.gov or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612



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.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or 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 nonoccupational 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., or medical group)
 _____ (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 Predesignation:

Signature: _____ Date: _____
 (Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group 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).

Title 8, California Code of Regulations, section 9783.

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.

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 chiropractic 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 the 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 code)

(Telephone number)

Employee Name (please print): _____

Employee's Address:

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)



California Workplace - Know Your Rights

As a worker in California, you are entitled to know and exercise your workplace and constitutional rights. Labor laws, including but not limited to standards for wages, hours, and health and safety, apply to all workers in the state *regardless of immigration status*.

It is against the law for your employer to retaliate against you for exercising your rights, including:

- Filing a complaint with the Labor Commissioner, Cal/OSHA, the Civil Rights Department, or another government agency.
- Asking about your employer's compliance with federal, state, or local law.
- Talking with others about their rights or helping them exercise their rights under federal, state, or local law.

Examples of illegal retaliation include firing you, reducing your work hours, or threatening to report you or a relative to immigration authorities because you exercised your rights.



Workplace Protections Related to Immigration Status

Your right to Notice of Immigration Inspections ([Labor Code § 90.2](#))

If your employer receives notice of an upcoming immigration agency's inspection of I-9 Employment Eligibility Verification forms or other employment records, your employer must post a notice informing workers and their union representative, if applicable, within 72 hours of receiving that notice.

Your protections against unfair immigration-related practices ([Labor Code §§ 1019-1019.2](#))

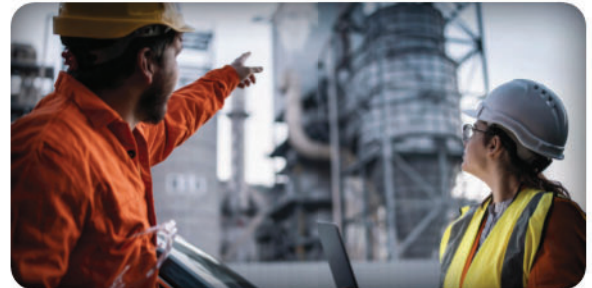
Under California law, it is unlawful for employers to retaliate against you or threaten immigration-related action when you exercise your rights. An employer is prohibited from taking any of the following actions because you exercised your rights:

- Refusing to accept identification documents during the I-9 process (proof of ID and federal permission to work) that appear to be genuine.
- Using E-Verify in a way not required or authorized by law.
 - For example, using E-Verify to reverify employment eligibility for an employee when not legally required to do so or screening only specific workers rather than all workers in a workplace without a legitimate basis for doing so.
- Reporting or threatening to report you or your family to immigration authorities.
- Filing or threatening to file any false report to the police or a state or federal agency.



Your right to designate an emergency contact ([Labor Code § 1555](#))

Your employer **must** allow you to provide them with emergency contact information and to indicate if you want the emergency contact to be notified if you are arrested or detained at work. If you are arrested or detained at work and your employer has knowledge of it, they **must** notify your designated emergency contact if you choose that option.



Your right to organize a union or engage in protected activity in the workplace

Most employees in California have the right to organize, join, or participate in union activities. Employees also have the right to jointly act with co-workers to address work-related issues and concerns to improve working conditions or for the purpose of collective bargaining. **This means you have the right to join with coworkers to request better working conditions or raise work-related concerns, including about wages, hours, health and safety, and other terms of employment.** You also have the right to not participate in union activities or protected activities. It is illegal for your employer to:

- Interfere with or discourage your union activity or protected activities.
- Threaten you, or retaliate or discriminate against you, because of your union support or protected activities.



Your rights when interacting with law enforcement, including immigration agents, in the workplace

California workers have certain rights and protections under the U.S. Constitution, *regardless of their immigration status*, including when law enforcement (including a federal immigration agent) approaches you. In addition, under California law, state and local law enforcement cannot assist federal agencies such as ICE with immigration enforcement in most circumstances.

Your right to be free from unreasonable searches (U.S. Constitution, 4th Amendment)

- If law enforcement, including immigration agents, ask if they can search you or your personal belongings, unless they have a judicial warrant specifically authorizing a search of your person or your personal belongings, you have the right to say no.
- If the officer conducts the search, even if you say no – remain calm, do not physically resist, and do not run.

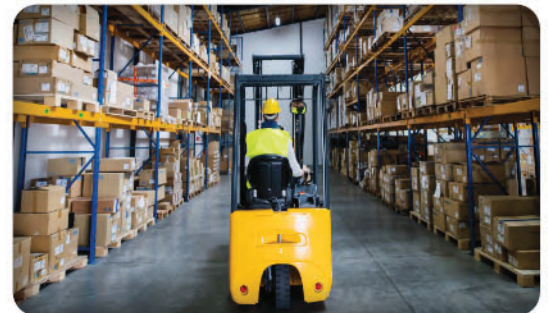
Law enforcement can enter *public areas* without a warrant. Public areas may include a lobby, waiting room, public dining area, or parking lot of a workplace. In most circumstances, law enforcement needs a [judicial warrant](#), signed by a judge, to enter *non-public areas* of your workplace without consent. Non-public areas may include a breakroom, employee restroom, workspace, or any area marked as employees only. Administrative forms, such as an I-200 or I-205, are not a judicial warrant.

In California, your employer is prohibited from providing voluntary consent to an immigration enforcement agent to enter *non-public areas* of the workplace. Without a judicial warrant, your employer must refuse entry to immigration enforcement to *non-public areas* of the workplace.

More detailed information can be found in the DOJ's and LCO's joint [Immigrant Worker Protection Act FAQ](https://oag.ca.gov/system/files/media/ab450-faqs.pdf) (<https://oag.ca.gov/system/files/media/ab450-faqs.pdf>).

Your right to be free from unreasonable seizures (U.S. Constitution, 4th Amendment)

- You are protected against unreasonable seizures, which includes detaining or arresting you.
- Law enforcement must have a reasonable suspicion of wrongdoing before they can stop and question or search you. You can ask “Am I being detained?” or “Am I free to leave?” If the officer says that you are not being detained or you are free to leave, then you can walk away calmly.
- An arrest requires probable cause and occurs when a person is taken into custody by law enforcement officers.
- Law enforcement agents do not need a judge-signed warrant to arrest someone in public.
- You have the right to speak to a lawyer if you are arrested. You may be pressured to sign documents. You do not have to sign anything without speaking to an attorney.



Your right to remain silent (*U.S. Constitution, 5th Amendment*)

- Anything you say to law enforcement officers can be used against you in court.
- You have the right to remain silent, even if you are asked about your immigration status.
- If you wish to remain silent, clearly state so, request to speak with an attorney **and then remain silent**.
- Do not provide false information, false identification, or false documents to an officer. Providing false documents is a federal offense and may carry severe immigration consequences for noncitizens.



Your right to record interactions with law enforcement in public spaces under the 1st Amendment

The public has the right to observe and record officers and government officials carrying out their duties in public. If you choose to record, you should stand a safe distance away and do not interfere with the officer's actions. Physical obstruction or verbal escalation can put your safety at risk and may lead to criminal charges.

Access to legal representation

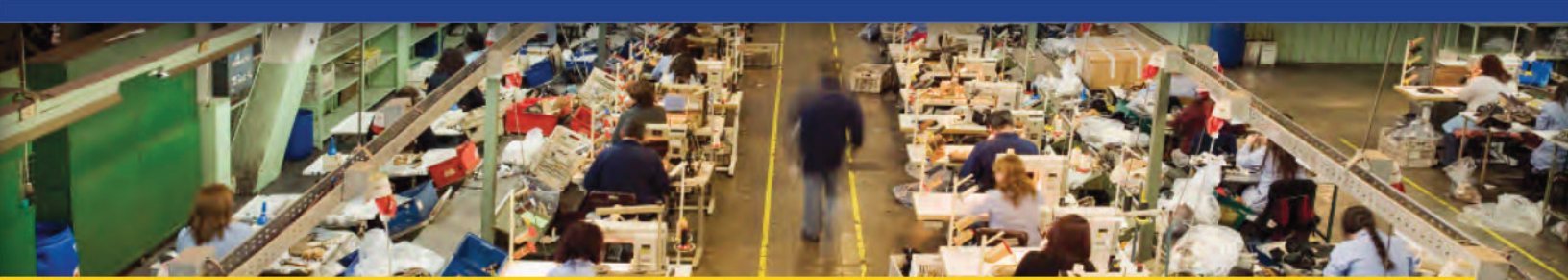
If you are arrested, you have the right to an attorney. If you cannot afford an attorney, you can get a government-appointed attorney to represent you in a criminal case.

However, if you are arrested by U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP), which includes Border Patrol, for civil immigration violations, you have the right to consult with a lawyer, but the government is not required to provide a lawyer for you. If you are arrested by ICE or CBP, you may invoke your right to speak with an attorney before saying or signing anything. You may also ask to speak to your consulate who may provide assistance.



Workers' Compensation

You have the right to workers' compensation benefits if you are injured or become ill because of your job. The benefits provide you with medical care for your injury/illness, partially replace the wages you lose while you are recovering, and help you return to work. For additional information, visit www.dir.ca.gov/dwc/ or call 1-800-736-7401.



Who can I contact if I believe my rights have been violated?

If you believe your rights have been violated, below is a list of government agencies where you can seek assistance:

California Department of Industrial Relations (DIR):

California Labor Commissioner's Office (LCO)

Information: (833) LCO-INFO (833-526-4636)
Immigration helpline: (855) 526-7775
www.dir.ca.gov/dlse/

California Division of Occupational Safety and Health (Cal/OSHA)

(833) 579-0927
<https://www.dir.ca.gov/dosh/>

California Division of Workers Compensation (DWC)

(800) 736-7401
dir.ca.gov/dwc/

Other California Agencies:

California Attorney General (AG)

(800) 952-5225
www.oag.ca.gov

California Civil Rights Department (CRD)

(800) 884-1684
civildrights.ca.gov/

California Agricultural Employees Agricultural Labor Relations Board (ALRB)

(800) 449-3699
www.alrb.ca.gov

California Public Sector Employees *and Transportation Network Company Drivers* Public Employment Relations Board (PERB)

(916) 322-3198
perb.ca.gov

Federal Agencies:

Private Sector Employees National Labor Relations Board (NLRB):

(844) 762-6572
www.nlr.gov

Federal Employees U.S. Federal Labor Relations Authority (FLRA):

(771) 444-5801
<https://www.flra.gov/>

Railway and Airline Employees National Mediation Board (NMB):

(202) 692-5000
https://nmb.gov/NMB_Application/

Non-Governmental Organizations:

You may also contact a nonprofit legal or community-based organization for assistance. For a list of organizations that partner with state agencies to help workers to understand their rights, scan the QR code to the right, or visit www.dir.ca.gov/dlse/Nonprofit-Legal-and-Community-Based-Organizations-Serving-Workers.html.



SEXUAL HARASSMENT

FACT SHEET



Civil Rights
Department
STATE OF CALIFORNIA

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 interferes with your work performance or creates 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. A single act of harassment may be sufficiently severe to be unlawful.

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 CRD within three years of the last act of harassment or retaliation.

CRD serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If CRD 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. CRD 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 CRD and a Right-to-Sue Notice has been issued.

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 employer 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.

SEXUAL HARASSMENT

FACT SHEET



Civil Rights
Department
STATE OF CALIFORNIA

CIVIL REMEDIES

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

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 CRD 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 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

TO FILE A COMPLAINT

Civil Rights Department

calcivilrights.ca.gov/complaintprocess

Toll Free: 800.884.1684

TTY: 800.700.2320



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.

For more information, visit [our website](http://edd.ca.gov) (edd.ca.gov).

- Unemployment Insurance (UI) 2
Unemployment benefits provide partial wage replacement to workers who have lost their job and meet the program’s eligibility requirements each week they certify for benefits.

- State Disability Insurance (SDI) 14
Disability Insurance (DI) is part of SDI and provides partial wage replacement benefits to workers who are unable to work due to a non-work-related illness or injury, pregnancy, or childbirth.

- Paid Family Leave (PFL) 15
PFL is part of SDI and provides partial wage replacement benefits to workers who need time off to care for a seriously ill family member, bond with a new child, or to help a family member during a qualifying military event.

- Workforce Services 15
The Workforce Services Branch offers a range of employment services for job seekers and employers.

- How to Get Help 20

Unemployment Insurance

Unemployment benefits are paid for by your employer and provide temporary income when you are unemployed and meet all eligibility requirements.

Who Should File a UI Claim

You may apply for unemployment if you are out of work or your hours have been reduced.

To be eligible for benefits, you must have earned enough wages during the base period to set up a claim, and be:

- Totally or partially unemployed.
- Unemployed through no fault of your own.
- Physically able to work.
- Available for work.
- Ready and willing to accept work immediately.
- Actively looking for work.

When to Apply

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 apply for benefits.

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

What You Need to Apply

To apply, we need 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 applying 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 Immigration and Naturalization Services) and authorized to work in the United States, you will 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 expiration date.

Note: Your previous employers' names and addresses are very important, regardless of how long you worked for the employer(s). If you worked part-time, provide the number of hours you worked each week.

If you served in the military in the last 18 months, you will need to provide information from your **D214 Member Copy 4**.

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

Important

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include fines, loss of benefits, and criminal prosecution. See more information on fraud and penalties on page 13.

ID.me

ID.me is an identity proofing and authentication platform used by government agencies. This is a faster and easier way to verify your identity and process your claim.

- Create an **ID.me** account and follow the prompts.
- You will need a mobile device, tablet, or a computer to take and send a photo.
- Allow ID.me to transfer your information to us.
- Having trouble connecting? Connect with a live video agent from 4:30 a.m. to 9 p.m. (Pacific Time), through your ID.me account and send a request for help at **help.id.me** within ID.me.

Employer Notification

Your last employer is notified when you apply for unemployment. Although we determine your eligibility, 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

Your application depends on the type of employer you worked for and the states where you worked.

Your application will be filed as 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 application if you now live in California and only worked in another state during the last 18 months. Apply for unemployment directly with the other state, the District of Columbia, Puerto Rico, or Canada. If you worked in the US Virgin Islands, contact us at 1-800-300-5616.

How to Apply

You may apply for unemployment using one of the following methods:

- **Online**
UI OnlineSM is the fastest and most convenient way to apply for unemployment. Visit [UI Online](http://edd.ca.gov/UI_Online) (edd.ca.gov/UI_Online) to get started.
- **Phone**
Speak to an EDD representative Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays. Refer to page 20 for a list of unemployment phone numbers.
- **Fax or Mail**
When applying for benefits with UI Online, some customers will be instructed to fax or mail their application to us. If this occurs, the paper *Unemployment Insurance Application* (DE 11011) will display for you to complete and send.
- For faster and more secure processing, fax the completed form to the number listed on the form. If mailing your unemployment application, use the address on the form and allow more time for processing.

Beginning Date of Claim

Your claim begins on the Sunday of the week in which you apply for benefits.

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 apply for 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 apply for 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 need to have earned a total of \$1,125 in the base period ($\$900 \times 1.25 = \$1,125$).

How Unemployment 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 17 to estimate your WBA.

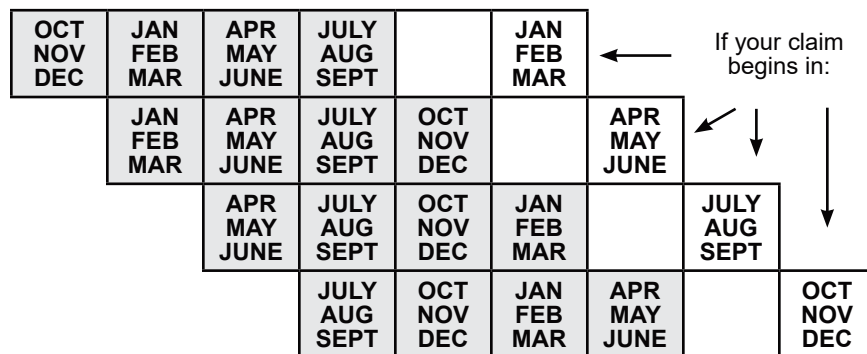
Base Period

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

Standard Base Period

The Standard Base Period (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 is the standard base period. The non-shaded area is the quarter the claim is filed.



Alternate Base Period

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

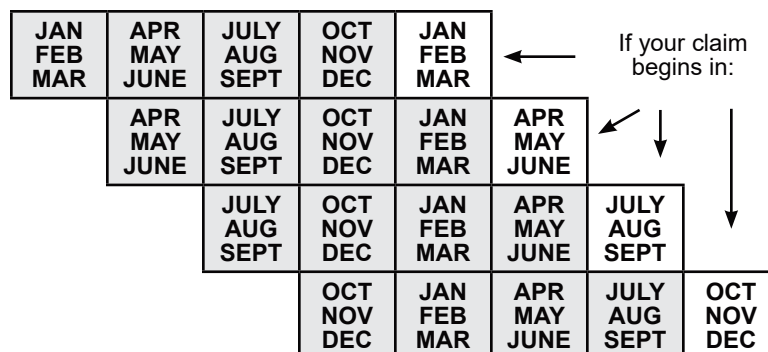
The ABP is the last four completed calendar quarters prior to the beginning date of the claim.

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

You may be asked to give more wage information so we can correctly calculate your benefit amount. If you receive an Affidavit of Wages (DE 23A), gather the requested documents and return them to us.

Note: The ABP can only be used when there are not enough wages earned in the standard base period to set up a claim.

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



Waiting Period

Unemployment 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 apply 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 Online:** (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 an account through myEDD and complete a one-time registration for UI Online.
- **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:** Complete, sign, and mail the *Continued Claim* (DE 4581) form to us.

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.

You have an option in how you receive your benefit payments. We issue benefit payments through a prepaid debit card or by check. The debit card is the fastest and most secure way to receive your benefits. However, you do not have to accept the debit card. Once your claim is filed, contact us if you wish to receive your benefits by paper check.

The debit card is valid for three years and used for disability, Paid Family Leave (PFL), and unemployment benefits.

If you were previously issued a debit card for prior unemployment, disability, or PFL benefits and need a replacement card, you must contact the Money Network's toll-free customer-service line at 1-800-684-7051 or 1-800-684-7053 (TTY).

Learn more about the [debit card](http://edd.ca.gov/debitcard) (edd.ca.gov/debitcard).

Tax Requirements

Unemployment 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 may need to pay the tax at the end of the year when you file your tax return.

Each January, we mail a Form 1099G to individuals who received unemployment 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 or request duplicate copies through UI Online or by calling 1-866-401-2849.

Child Support Obligations

Your unemployment 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 must report **all** work, wages, and other income to us 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
- Vacation pay
- In-lieu-of-notice pay
- Bonuses
- Tips
- Self-employment income
- Strike benefits
- Picket pay
- Standby pay
- Bereavement
- Back-pay
- Paid sick leave
- Workers' Compensation
- Pension
- Retirement
- Annuity

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 us.

Pension or Retirement Pay

Unemployment 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 from unemployment benefits and do not need to be reported to us.

Part-Time Work

If you work less than full-time, you must report that work to us. However, you may still be eligible for partial unemployment 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 unemployment 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 unemployment benefits.

How Your Eligibility is Determined

To be eligible, you must be:

- Out of work through 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 are unemployed due to a strike or lockout, we will schedule a phone interview with you to collect information on the reason you are no longer working. Your unemployment benefits cannot be paid until your phone interview is complete, you certify for benefits, and we determine 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, we may contact the employer.

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

If you are denied benefits for any reason throughout your claim, including insufficient wages to set up 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 are not available for the interview or do not send the required information. We will decide your eligibility based on the information available.

Appeals Process

If you are denied 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 let you know 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 us 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 to support your case.

After the hearing, you are mailed the administrative law judge's decision. If you are not satisfied, you may send 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](http://edd.ca.gov/uibdg) (edd.ca.gov/uibdg).

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

Canceling a Claim

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

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

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

Workers Not Covered by Unemployment Benefits

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, or children under the age of 18 employed by their parents.
- Husbands and wives employed by each other.
- Registered domestic partner employed by their registered domestic partner.
- Certain state-licensed salespersons paid only by commissions.
- Caddies and jockeys.

For more information, refer to [Exempt Employment \(DE 231EE\) \(PDF\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de231ee.pdf) (edd.ca.gov/siteassets/files/pdf_pub_ctr/de231ee.pdf) and [Family Employment \(DE 231FAM\) \(PDF\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de231fam.pdf) (edd.ca.gov/siteassets/files/pdf_pub_ctr/de231fam.pdf) for additional information.

If you do not know whether you are covered, do not waive your rights. Contact us 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 are not sure whether you are eligible for these benefits, contact us.

Request a Claim Print Out

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

- Create a [UI Online](http://edd.ca.gov/UI_Online) (edd.ca.gov/UI_Online) account.
- Select **Claim History** and print.
- Call us at 1-800-300-5616.

Special Programs

California Training Benefits

If you are attending school or training while receiving unemployment benefits, you may qualify for California Training Benefits (CTB).

If eligible, you can further your education, upgrade your skills, 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 will 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. To learn more visit [California Training Benefits](http://edd.ca.gov/en/unemployment/California_Training_Benefits) (edd.ca.gov/en/unemployment/California_Training_Benefits).

Note: We do **not** cover 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

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

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

Disaster Unemployment Assistance

The federal Disaster Unemployment Assistance (DUA) program gives financial help 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 unemployment benefits. These benefits are available only when the President of the United States declares a major disaster and makes this special assistance available.

If DUA benefits are available, information will be posted on [our website](http://edd.ca.gov) (edd.ca.gov).

Trade Adjustment Assistance

The Trade Adjustment Assistance (TAA) program is a federally funded program that gives benefits and services to eligible workers who are certified by the US Department of Labor (DOL) as having lost their jobs, or had their hours and wages reduced, because of foreign trade. Types of benefits include training, employment and case-management services, job

search and relocation allowances, income support, and wage subsidies. To learn more, visit [TAA Programs](http://edd.ca.gov/en/jobs_and_training/trade_act) (edd.ca.gov/en/jobs_and_training/trade_act).

The wage subsidy program provides wage subsidies to individuals aged 50 or older who return to work earning 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 or federal law or when the federal government approves special extended benefit legislation.

Work Sharing

The Work Sharing program helps participating employers minimize or eliminate the need for layoffs if the business's production or services have been reduced. It allows employers to keep trained employees and quickly recover when business conditions improve.

To participate, an employer must apply and meet all requirements, including, but not limited to:

- Be a legally registered business in California.
- A minimum of two employees and at least 10 percent of your regular workforce must be affected by a reduction of at least 10 percent and no more than 60 percent in both hours worked and wages earned.
- Health and retirement benefits must stay the same as before, or they must meet the same standards as other employees who are not participating in Work Sharing.
- The employees' bargaining unit must agree to voluntarily participate and sign the application for Work Sharing.

With Work Sharing, participating employees whose hours and wages have been reduced can:

- Receive UI benefits corresponding to the percentage of their work hours and wages.
- Keep their current job.
- Avoid financial hardships.

To learn more, visit [Work Sharing Program](http://edd.ca.gov/en/Unemployment/Work_Sharing_Program) (edd.ca.gov/en/Unemployment/Work_Sharing_Program).

Partial Claims

Like our Work Sharing Program, Partial Claims is an alternative to layoffs and allows employers to keep staff by reducing their earnings.

The employer certifies that the employee is expected to return to work

and gives the employee the [Notice of Reduced Earnings \(DE 2063\) \(PDF\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063.pdf) (edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063.pdf) or [Notice of Reduced Earnings \(Fisherperson\) \(DE 2063F\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063f.pdf) (edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063f.pdf) to apply for unemployment.

Employees participating in this program are considered partially employed and are not required to look for a new job to receive benefits.

To learn more, visit [Partial Claims](http://edd.ca.gov/en/unemployment/partial_claims) (edd.ca.gov/en/unemployment/partial_claims).

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 apply, 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 apply online at US Railroad Retirement Board at [US Railroad Retirement Board \(rrb.gov\)](http://USRailroadRetirementBoard.gov).

Unemployment Insurance Fraud Prevention and Detection

We take the security of personal and confidential information very seriously. Therefore, all data submitted to 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 applies for unemployment using another person's employment or personal information. We actively investigate cases of imposter fraud and are committed to protecting the identities of legitimate claimants.

If we suspect that there may be identity issues, you will receive a written request to confirm the information provided. We will also contact your former employers and governmental entities to verify your documents and information.

For more information, download the [Protect Your Identity and Stop Unemployment Insurance Imposter Fraud \(DE 2360EE\) \(PDF\)](http://edd.ca.gov/pdf_pub_ctr/de2360ee.pdf) brochure (edd.ca.gov/pdf_pub_ctr/de2360ee.pdf).

To report UI fraud, visit [Ask EDD](http://askedd.edd.ca.gov) (askedd.edd.ca.gov) and select **Report Fraud** to send 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 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 unemployment benefits, and meet all other eligibility requirements. You will not be paid during this time.

Benefit Audits

We conduct audits by cross-referencing employer information with claim information to determine if a customer properly reported all work, wages, and other income to us while collecting unemployment benefits. Overpayments and penalties collected from these audits ensure the solvency of the UI Trust Fund and help reduce UI taxes.

Social Security Number Verification

We 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 assigned to 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 applied.

If we require you to verify your SSN, you may be asked to send a complete copy of your Annual Social Security Statement. To obtain a copy of your complete Social Security Statement visit the SSA online (ssa.gov).

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

State Disability Insurance (SDI)

State Disability Insurance (SDI) is made up of Disability Insurance (DI) and Paid Family Leave (PFL). The program is funded entirely by California workers through employee payroll deductions, noted as CASDI on paystubs.

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.

Note: Citizenship and immigration status do not affect eligibility for SDI.

Disability Insurance

Disability Insurance (DI) provides short-term, partial wage replacement benefits to eligible workers who are unable to work due to a non-work-related illness, injury, or pregnancy.

When to file a claim: Submit your claim no earlier than 9 days after the first day your disability begins, but no later than 49 days after your disability begins or you may lose benefits.

For faster processing, file your claim using [SDI Online](http://edd.ca.gov/en/Disability/SDI_Online) (edd.ca.gov/en/Disability/SDI_Online).

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

To file a claim or learn more, visit [State Disability Insurance](http://edd.ca.gov/disability) (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 20 for a list of DI phone numbers.

Paid Family Leave

Paid Family Leave (PFL) provides short-term, partial wage replacement benefits to eligible workers 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 available to parents who need time to bond with a new child entering their family either by birth, adoption, or foster care placement. Benefits are also available for individuals who need time off work to participate in a qualifying event resulting from a spouse, registered domestic partner, parent, or child's military deployment to a foreign country.

When to file a claim: Submit your claim no earlier than the first day your family leave begins, but no later than 41 days after your family leave begins or you may lose benefits.

For faster processing, file your claim using [SDI Online](http://edd.ca.gov/en/Disability/SDI_Online) (edd.ca.gov/en/Disability/SDI_Online).

To file, or learn more visit [Paid Family Leave](http://edd.ca.gov/en/disability/paid-family-leave) (edd.ca.gov/en/disability/paid-family-leave).

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

Refer to page 20 for a list of PFL phone numbers.

Workforce Services

In partnership with state and local agencies, we offer a range of employment and training services, for job seekers at no cost, through the America's Job Center of CaliforniaSM (AJCC).

Through the AJCCs, we support job seekers with job search and resume workshops, job fairs, and referrals to other workforce partners, and much more. For more information, find your nearest AJCC by using the [Office Locator](http://edd.ca.gov/Office_Locator) (edd.ca.gov/Office_Locator).

CalJOBSSM

CalJOBS is California's online resource to help job seekers and employers navigate our workforce services. CalJOBSSM allows users to easily search for jobs, build resumes, access career resources, find qualified candidates for employment, and gather information on education and training programs.

Job seekers can:

- Create a resume or upload multiple resumes.
- Search and apply for job openings.
- Set up alerts for job openings.
- Research employers.
- Make customized resumes viewable to employers.

Note: Registering for a CalJOBS account and posting a resume is an eligibility requirement for many unemployment claimants. To register, visit CalJOBS (caljobs.ca.gov).

Migrant and Seasonal Farmworkers Outreach Program

The Migrant and Seasonal Farmworker (MSFW) Outreach program helps farmworkers unfamiliar with the services provided at the AJCC. These no cost services include:

- Referrals to local supportive services.
- General information about unemployment and disability insurance.
- Help with employment services and employment related law complaints.
- Information about farmworker employment rights.
- Help with job search, job screening and referrals to jobs.

Services for Veterans

We offer services for veterans to help them achieve their employment and training goals. Services include labor market information, veteran 24-hour priority hold on all job listings, customized job search help, job fairs, workshops, employer recruitments, and other resources.

Youth Employment Opportunity Program

The Youth Employment Opportunity Program provides special services to help youth, ages 15 to 25 years, 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 [Jobs and Training](http://Jobs_and_Training) (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 [EDD](http://edd.ca.gov) online (edd.ca.gov).
- To ask us a question, access your UI Online or SDI account visit [Ask EDD](http://askedd.edd.ca.gov) (askedd.edd.ca.gov).
- To find your nearest AJCC, visit the [Office Locator](http://edd.ca.gov/en/Office_Locator) online (edd.ca.gov/en/Office_Locator).

Phone

All 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 5 p.m. (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
Armenian	1-855-528-1518	Tagalog	1-866-395-1513
Cantonese	1-800-547-3506	TTY	1-800-815-9387
Korean	1-844-660-0877		

Disability Insurance

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

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



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

This *For Your Benefit: California's Programs for the Unemployed* (DE 2320) publication can be viewed, printed, and ordered online by visiting [Online Forms and Publications](http://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

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.



About Paid Family Leave

Paid Family Leave program was created for the moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or participate in a qualifying military event.

Facts About Paid Family Leave

- Provides up to eight weeks of partial-wage-replacement benefits. Leave doesn't have to be taken all at once.
- Provides approximately 70 to 90 percent of your weekly salary.
- Funded through your State Disability Insurance tax withholding, noted as "CASDI" on paystubs, or a qualifying voluntary plan paid into in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.
- Citizenship and immigration status do not affect eligibility.

What if My Claim Is Denied?

If your claim is denied, you have the right to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [Appeals](http://edd.ca.gov/en/Disability/Appeals) ([edd.ca.gov/en/Disability/](http://edd.ca.gov/en/Disability/Appeals) Appeals) for more information.

All claim information is confidential except for purposes allowed by law.



Paid Family Leave

Be there for the moments that matter.

PFL Phone Number

Our toll-free number is **1-877-238-4373**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m., except on holidays. After a brief message, you must select a language.

- Press 1 for English
- Press 2 for Spanish
- Press 3 for All Other Languages. Interpreter services are available free of charge.

TTY Phone Number

Our toll-free number is **1-880-445-1312**.

For more information, visit [State Disability Insurance](http://StateDisabilityInsurance) (edd.ca.gov/en/Disability/Contact_SDI)

For more information, visit [Paid Family Leave](http://PaidFamilyLeave) (edd.ca.gov/PaidFamilyLeave).

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). TTY users, please call the California Relay Service at 711.



Paid Family Leave



Helping Californians be present for the moments that matter.



How Do I Apply for Benefits?

You can apply for Paid Family Leave benefits at [myEDD](https://myedd.ca.gov) ([myedd.edd.ca.gov](https://myedd.ca.gov)).

To file by mail, you must complete and submit a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form. Learn more at [File a Paid Family Leave Claim by Mail](#) (edd.ca.gov/en/disability/how_to_file_a_pfl_claim_by_mail).

Caregiving Claims

Provide medical certification for your seriously ill family member who requires your care. This certification needs to be from their licensed health professional. You must also provide information about the family member you are caring for and their signature.

Bonding Claims

Provide documents that show your relationship to your child. This can be a copy of your child's birth certificate, adoptive placement agreement, or foster care placement record.

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your [myEDD](https://myedd.ca.gov) ([myedd.edd.ca.gov](https://myedd.ca.gov)) account or by mail when your pregnancy-related disability claim ends.

Military Assist Claims

Military assist claims require two types of supporting documents. This can be proof of covered active duty or call to covered active duty and documentation of the qualifying event.

Voluntary Plans

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



Do I Qualify for Paid Family Leave?

To qualify for Paid Family Leave benefits, you must:

- Take time off from work to care for a seriously ill family member, to bond with a new child or to participate in a qualifying military event.
- Be covered by State Disability Insurance or a voluntary plan in lieu of State Disability Insurance.
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

How Are Benefit Amounts Calculated?

Benefits are 70 to 90 percent of your highest quarterly earnings 5 to 18 months before your claim begins.

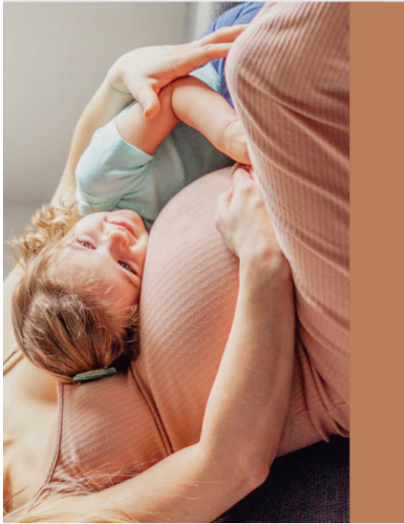
Estimate your benefits at [Disability Insurance and Paid Family Leave Calculator](https://edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL_Calculator).

Does Paid Family Leave Provide Job Protection?

Paid Family Leave does not provide job protection. Job protection may be provided if you qualify under other laws:

- [Federal Family and Medical Leave Act](https://dol.gov/agencies/whd/fmla) (dol.gov/agencies/whd/fmla).
- [California Family Rights Act, Civil Rights Department](https://calcivilrights.ca.gov) (calcivilrights.ca.gov).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.



What Are My Benefits During Pregnancy?

Your disability period begins the first day you are unable to do your regular work. DI benefits are based on the period of time your licensed health professional certifies you are unable to do your regular work. You can file a DI claim for your pregnancy-related disability, and recovery from delivery.

Without medical complications, you can receive benefits up to four weeks before your expected delivery date and up to six weeks after your delivery. For cesarean section, you can receive benefits up to eight weeks after delivery.

After your DI pregnancy claim ends, you may be eligible to receive up to eight weeks of Paid Family Leave (PFL) to bond with your new baby. A PFL bonding claim form is automatically sent with the final DI benefit payment.

What If I Require Care During My Disability?

If you require care during your disability, your child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner may be eligible to receive up to eight weeks of PFL benefits to take time off work to care for you. For more information visit [California PFL](http://CaliforniaPFL) (eddd.ca.gov/en/disability/paid-family-leave).

What is Disability?

Disability is an illness or injury, either physical or mental, which prevents you from doing your regular work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

What is Disability Insurance?

Disability Insurance (DI) is a part of the State Disability Insurance (SDI) program. DI helps replace your income when you can't work as a result of a non-work-related disability. The program is funded through your SDI tax withholding. You are most likely eligible if you've paid into the SDI program (noted as "CASDI" on paystubs).

Elective Coverage is a plan where employers, the self-employed, and general partners may choose to be covered under SDI. Benefits and eligibility are determined differently between these plans. Find the annual cost of participating at your local Tax Office (eddd.ca.gov/office_locator) or by visiting Disability Insurance Elective Coverage (eddd.ca.gov/en/Payroll_Taxes/Disability_Insurance_Elective_Coverage).

Citizenship and immigration status do not affect eligibility for SDI benefits.



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 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.

DE 2515 Rev. 06 (01-22) INTERNET

Page 1 of 2



Disability Insurance Provisions



How Do I Apply for Disability Insurance Benefits?

1. Use [SDI Online](https://edd.ca.gov/SDI_Online) (edd.ca.gov/SDI_Online) to file for benefits.

OR

You can request a paper claim form by:

- Visiting [Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms).
- Calling 1-800-480-3287.

California state government employees covered by SDI should call 1-866-352-7675.

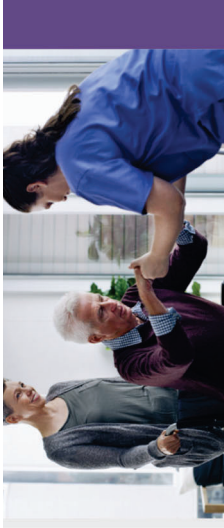
2. After you complete Part A – Claimant's Statement, have your licensed health professional complete Part B – Physician/Practitioner's Certificate online or by using a paper claim form. If you are filing online, SDI Online will provide you a receipt number once Part A is submitted. Your licensed health professional will need your receipt number to complete Part B.

A claim cannot begin more than seven days before you were examined by or under the care of a licensed health professional.

3. 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. Visit [Appeals](https://edd.ca.gov/en/Disability/Appeals) ([edd.ca.gov/en/Disability/](https://edd.ca.gov/en/Disability/Appeals) Appeals) for more information.

What Happens Next?

- A properly completed claim takes two weeks to be processed.
- We will mail you a *Notice of Computation* (DE 429D) confirming we received your claim and providing your estimated benefit amount.
- You will know we approved your claim once you receive an *Electronic Benefit Payment (EBP) Notification* (DE 2500E).
- If more information is needed or if the claim has been denied, we will contact you.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related condition within 60 days of the first claim, it will be added on as a continuation of the initial claim. There is no additional waiting period.
- Benefits are paid once all information is received and you are approved. Benefit periods are two weeks at a time. If you are eligible for additional benefits, you will be sent the needed forms to complete and return. Allow 10 days for processing. If your benefits end midweek, that week will be paid at the daily rate. This rate is one-seventh of your weekly benefit amount.
- You will receive your benefits by the payment method you choose when filing a claim.



How Are My Benefits Calculated?

They are based on your paychecks during a specific 12-month period (called a base period) 5 to 18 months before the start of your claim. To qualify, you must have earned at least \$300 in your base period.

Visit the [Disability Insurance and Paid Family Leave Calculator](https://edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL_Calculator) to get an estimate.

What Affects My Ongoing Benefits?

You cannot be paid more than your normal weekly salary while receiving benefits. DI benefits are not affected by vacation pay you may receive.

Is There a Maximum Amount to My Benefits?

The maximum amount is 52 times the weekly rate of your benefits, but not more than your total base period wages earned when you were employed.

Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Keep in mind that 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 acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

What Are My Rights If My Benefits Are Denied?

- You can know the reason and basis for any decision that affects your benefits.
- You can appeal any decision about your eligibility for benefits. Appeals must be sent to the DI office in writing.
- You can 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.
- Your privacy – all claim information will be kept confidential except for the purposes allowed by law.

Contact DI

- English 1-800-480-3287.
- Spanish 1-866-658-8846.
- By US 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 (for TTY users only) at 1-800-563-2441.
- In person by visiting any of the [DLOffices](https://edd.ca.gov/office_locator) (edd.ca.gov/office_locator).

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

**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, STALKING, CRIMES THAT
CAUSE PHYSICAL INJURY OR MENTAL
INJURY, AND CRIMES INVOLVING A THREAT
OF PHYSICAL INJURY; AND OF PERSONS
WHOSE IMMEDIATE FAMILY MEMBER IS
DECEASED AS A DIRECT RESULT OF A CRIME**

Your Right to Take Time Off:

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available 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 beforehand, 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, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

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, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- 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.

Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice

3/2021



Instructions for Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 05/31/2027

Anti-Discrimination Notice: Employers must allow all employees to choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information entered in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or **Supplement B, Reverification and Rehire**. Employees do NOT need to prove their citizenship, immigration status, or national origin when establishing their employment authorization for Form I-9 or E-Verify. Requesting such proof or any specific document from employees based on their citizenship, immigration status, or national origin, may be illegal. Similarly, discriminating against employees in hiring, firing, recruitment, or referral for a fee, based on citizenship, immigration status, or national origin may be illegal. Employers should not reject acceptable documentation due to a future expiration date. For more information on how to avoid discrimination or how to report it, contact the Immigrant and Employee Rights Section in the Department of Justice's Civil Rights Division at www.justice.gov/ier.

Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document the verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 27, 2011.

Definitions

Employee: A person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “employee” does not include individuals who do not receive any form of remuneration (e.g., volunteers), independent contractors, or those engaged in certain casual domestic employment.

Employer: A person or entity, including an agent or anyone acting directly or indirectly in the interest thereof, who engages the services or labor of an employee to be performed in the United States for wages or other remuneration. This includes recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Authorized Representative: Any person an employer designates to complete and sign Form I-9 on the employer's behalf. Employers are liable for any statutory and regulatory violations made in connection with the form or the verification process, including any violations committed by any individual designated to act on the employer's behalf.

Preparer and/or Translator: Any individual who helps the employee complete or translates **Section 1** for the employee.

General Instructions

Filing Fee. See Form G-1055, available at www.uscis.gov/forms, for specific information about the fees applicable to this form.

Form I-9 consists of:

- **Section 1:** Employee Information and Attestation
- **Section 2:** Employer Review and Verification
- Lists of Acceptable Documents
- Supplement A, Preparer and/or Translator Certification for Section 1
- Supplement B, Reverification and Rehire (formerly Section 3)

EMPLOYEES

Employees must complete and sign **Section 1** of Form I-9 no later than the first day of employment (i.e., the date the employee begins performing labor or services in the United States in return for wages or other remuneration). Employees may complete **Section 1** before the first day of employment, but cannot complete the form before acceptance of an offer of employment.

EMPLOYERS

Employers in the United States, except Puerto Rico, must complete the English-language version of Form I-9. Only employers located in Puerto Rico may complete the Spanish-language version of Form I-9 instead of the English-language version. Any employer may use the Spanish-language form and instructions as a translation tool.

All employers must:

- Make the instructions for Form I-9 and Lists of Acceptable Documents available to the employee when completing the Form I-9 and when requesting that the employee present documentation to complete Supplement B, Reverification and Rehire. See page 5 for more information.
- Ensure that the employee completes **Section 1**.
- Complete **Section 2** within three business days after the employee's first day of employment. If you hire an individual for less than three business days, complete **Section 2** no later than the first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Leave a field blank if it does not apply and allow employees to leave fields blank in **Section 1**, where appropriate.
- Retain completed forms. You are not required to retain or store the page(s) containing the Lists of Acceptable Documents or the instructions for Form I-9. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Additional guidance about how to complete Form I-9 may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on [I-9 Central](#).

Section 1: Employee Information and Attestation

Step 1: Employee completes Section 1 no later than the first day of employment.

- All employees must provide their current legal name, complete address, and date of birth. If other fields do not apply, leave them blank.
- When completing the name fields, enter your current legal name and any last names you previously used, including any hyphens or punctuation. If you only have one name, enter it in the Last Name field and then enter “Unknown” in the First Name field.
- Providing your 9-digit Social Security number in the Social Security number field is voluntary, unless your employer participates in E-Verify. See page 5 for instructions related to E-Verify. Do not enter an Individual Taxpayer Identification Number (ITIN) as your Social Security number.

Step 2: Attest to your citizenship or immigration status.

You must select one box to attest to your citizenship or immigration status.

- 1. A citizen of the United States.**
- 2. A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
- 3. A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

Conditional residents should select this status. Asylees and refugees should NOT select this status; they should instead select “An alien authorized to work.” If you select “lawful permanent resident,” enter your 7- to 9-digit USCIS Number (A-Number) in the space provided.

4. An alien authorized to work: An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the documentation evidencing your employment authorization. If your employment authorization documentation has been automatically extended by the issuing authority, enter the expiration date of the automatic extension in this space.

- Refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens authorized to work whose employment authorization does not have an expiration date, should enter N/A in the Expiration Date field.

Employees who select "an alien authorized to work" must enter **one** of the following to complete **Section 1**:

- (1) USCIS Number/A-Number** (7 to 9 digits);
- (2) Form I-94 Admission Number** (11 digits); or
- (3) Foreign Passport Number and the Country of Issuance**

Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Step 3: Sign and enter the date you signed Section 1. Do NOT back-date this field.

Step 4: Preparer and/or translator completes a Preparer and/or Translator Certification, if applicable.

If a preparer and/or translator assists an employee in completing Section 1, that person must complete a Certification area on Supplement A, Preparer and/or Translator Certification for Section 1, located on Page 3 of Form I-9. There is no limit to the number of preparers and/or translators an employee may use. Each preparer and/or translator must complete and sign a separate Certification area. Employers must ensure that they retain any additional pages with the employee's completed Form I-9. If the employee does not use a preparer or translator, employers are not required to provide or retain Supplement A.

Step 5: Present Form I-9 Documentation

Within three business days after your first day of employment, you, the employee, must present to your employer original, acceptable, and unexpired documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before the Thursday of that week. However, if you were hired to work for less than three business days, you must present documentation no later than the first day of employment.

Choose which documentation to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which documentation you may present from the Lists of Acceptable Documents. You may present either: 1.) one selection from List A or 2.) a combination of one selection from List B and one selection from List C. In certain cases, you may also present an acceptable receipt for List A, B, or C documents. For more information on receipts, refer to the M-274.

- List A documentations show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.
- List B documentation shows identity only and List C documentation shows employment authorization only. If you present acceptable List B and List C documentation, you should not be asked to present List A documentation. Guidance is available in the M-274 if you are under the age of 18 or have a disability (special placement) and cannot provide List B documentation.

Your employer must physically examine the documentation you present to complete Form I-9, or examine them consistent with an alternative procedure authorized by the Secretary of DHS. If your documentation reasonably appears to be genuine and to relate to you, your employer must accept the documentation. If your documentation does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documentation. Your employer may choose to make copies of your documentation, but must return the original(s) to you. Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Section 2: Employer Review and Verification

Before completing **Section 2**, you, the employer, should review **Section 1**. If you find any errors or missing information in **Section 1**, the employee must correct the error, and then initial and date the correction.

You may designate an authorized representative to act on your behalf to complete **Section 2**.

You or your authorized representative must complete **Section 2** by physically examining evidence of the employee's identity and employment authorization within three business days after the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete **Section 2** on or before the Thursday of that week. However, if the individual will work for less than three business days, **Section 2** must be completed no later than the first day of employment.

Step 1: Enter information from the documentation the employee presents.

You, the employer or authorized representative, must either physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the original, acceptable, and unexpired documentation the employee presents from the Lists of Acceptable Documents to complete the applicable document fields in **Section 2**. You cannot specify which documentation an employee may present from these Lists of Acceptable Documents. A document is acceptable if it reasonably appears to be genuine and to relate to the person presenting it. Photocopies, except for certified copies of birth certificates, are not acceptable for Form I-9. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

You may use common abbreviations for states, document titles, or issuing authorities, such as: “DL” for driver's license, and “SSA” for Social Security Administration. Refer to the M-274 for abbreviation suggestions.

List A documentation shows both identity and employment authorization.

- Enter the required information from the List A documentation in the first set of document entry fields in the List A column. Some List A documentation consists of a combination of documents that must be presented together to be considered acceptable List A documentation. If the employee presents a combination of documents for List A, use the second and third sets of document entry fields in the List A column. Use the Additional Information space, as necessary, for additional documents. When entering document information in this space, ensure you record all available document information, such as the document title, issuing authority, document number and expiration date.
- If an employee presents acceptable List A documentation, do not ask the employee to present List B and List C documentation.

List B documentation shows identity only, and List C documentation shows employment authorization only.

- If an employee presents acceptable List B and List C documentation, enter the required information from the documentation under each corresponding column and do not ask the employee to present List A documentation.
- If an employee under the age of 18 or with disabilities (special placement) cannot provide List B documentation, see the M-274 for guidance.

In certain cases, the employee may present an acceptable receipt for List A, B, or C documentation. For more information on receipts, refer to the Lists of Acceptable Documents and the M-274.

Photocopies

- You may make photocopies of the documentation examined but must return the original documentation to the employee.
- You must retain any photocopies you make with Form I-9 in case of an inspection by DHS, the Department of Labor, or the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

Step 2: Enter additional information, if necessary.

Use the Additional Information field to record any additional information required to complete **Section 2**, or any updates that are necessary once **Section 2** is complete. Initial and date each additional notation. See the M-274 for more information. Such notations include, but are not limited to:

-
- Those required by DHS, such as extensions of employment authorization or a document's expiration date.
 - Replacement document information if a receipt was previously presented.
 - Additional documentation that may be presented by certain nonimmigrant employees.

You may also enter optional information, such as termination dates, form retention dates, and E-Verify case numbers, if applicable.

Step 3: Select the box in the Additional Information area if you used an alternate procedure for document examination authorized by the Secretary of DHS.

You must select this box if you used an alternative procedure authorized by DHS to examine the documents. You may refer to the M-274 for guidance on implementing alternative procedures for document examination approved by the Secretary of DHS.

Step 4: Complete the employer certification.

Employers or their authorized representatives, if applicable, must complete all applicable fields in this area, and sign and date where indicated.

Reverification and Rehire

To reverify an employee's work authorization or document an employee's rehire, use Supplement B, Reverification and Rehire (formerly Section 3). Employers need only complete and retain the supplement page when employment authorization reverification is required. Employers may choose to document a rehire on the supplement as well. Enter the employee's name at the top of each supplement page you use. In the New Name field, record any change the employee reports at the time of reverification or rehire. Use a new section of the supplement for each instance of a reverification or rehire, sign and date that section when completed, and attach it to the employee's completed Form I-9. Use additional supplement pages as necessary. Use the Additional Information fields if the employee's documentation presented for reverification requires future updates.

Reverifications

When reverification is required, you must reverify the employee by the earlier of the employment authorization expiration date stated in Section 1 (if any), or the expiration date of the List A or List C employment authorization documentation recorded in Section 2. Employers should complete any subsequent reverifications, if required, by the expiration date of the List A or List C documentation entered during the employee's most recent reverification.

For reverification, employees must present acceptable documentation from either List A or List C showing their continuing authorization to work in the United States. You must allow employees to choose which acceptable documentation to present for reverification. Employees are not required to show the same type of document they presented previously. Enter the documentation information in the appropriate fields provided.

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card). Reverification does not apply to List B documentation. Reverification may not apply to certain aliens. See the M-274 for more information about when reverification may not be required.

Rehires

If you rehire an employee within three years from the date the employee's Form I-9 was first completed, you may complete the supplement and attach it to the employee's previously completed Form I-9. If the employee remains employment-authorized, as indicated on the previously completed Form I-9, record the date of rehire and any name changes. If the employee's employment authorization or List A or C documents have expired, you must reverify the employee as described above.

Alternatively, you may complete a new Form I-9 for rehired employees. You must complete a new Form I-9 for any employee you rehired more than three years after you originally completed a Form I-9 for that employee.

Employee and Employer Instructions Related E-Verify

E-Verify uses Form I-9 information to confirm employees' employment eligibility. For more information, go to www.e-verify.gov or contact us at www.e-verify.gov/contact-us.

For employees of employers who participate in E-Verify:

- You must provide your Social Security number in the Social Security number field in **Section 1**.
 - If you have applied for, but have not yet received, your Social Security number, you should leave the field blank until you receive the number. Update this field once you receive it, and initial and date the notation.
 - If you can present acceptable identity and employment authorization documentation to complete Form I-9, you may begin working while waiting to receive your Social Security number.
- Providing your email address and telephone number in **Section 1** will allow you to receive notifications associated with your E-Verify case.
- If you present a List B document to your employer, it must contain a photograph.

For E-Verify employers:

- Ensure employees enter their Social Security number in **Section 1**.
- You must only accept List B documentation that contains a photograph. This applies to individuals under the age of 18 and individuals with disabilities.
- You must retain photocopies of certain documentation.

USCIS Forms and Information

Employers may photocopy or print blank Forms I-9. To ensure you are using the latest version of this form and corresponding instructions, visit the USCIS website at www.uscis.gov/i-9. You may order paper forms at www.uscis.gov/forms/forms-by-mail or by contacting the USCIS Contact Center at **1-800-375-5283** or **1-800-767-1833** (TTY).

For additional guidance about Form I-9, employers and employees should refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or USCIS' Form I-9 website at www.uscis.gov/i-9-central.

You can obtain information about Form I-9 by e-mailing USCIS at I-9Central@uscis.dhs.gov. Employers may call **1-888-464-4218** or **1-877-875-6028** (TTY). Employees may call the USCIS employee hotline at **1-888-897-7781** or **1-877-875-6028** (TTY).

Retaining Completed Forms I-9

An employer must retain Form I-9, including any supplement pages, on which the employee and employer (or authorized representative) entered data, as well as any photocopies made of the documentation the employee presented, for as long as the employee works for the employer. When employment ends, the employer must retain the individual's Form I-9 and all attachments for one year from the date employment ends, or three years after the first day of employment, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is three years after the first day of employment.

Completed Forms I-9 and all accompanying documents should be stored in a safe and secure location. Employers should ensure that the information employees provide on Form I-9 is used only as stated in the DHS Privacy Notice below.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR section 274a.2. Employers creating, modifying, or storing Form I-9 electronically are encouraged to review these and any other relevant standards for electronic signature, and the indexing, security, and documentation of electronic Form I-9 data.

Penalties

Employers may be subject to penalties if Form I-9 is not properly completed or for employment discrimination occurring during the employment eligibility verification process. See 8 U.S.C. section 1324a and section 1324b, 8 CFR section 274a.10 and 28 CFR Part 44. Individuals may also be prosecuted for knowingly and willfully entering false information, or for presenting fraudulent documentation, to complete Form I-9.

Employees: By signing **Section 1** of this form, employees attest under penalty of perjury (28 U.S.C. section 1746) that the information they provided, along with the citizenship or immigration status they select, and all information and documentation they provide to their employer, is true and correct, and they are aware that they may face penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties or removal proceedings, and may adversely affect an employee's ability to seek future immigration benefits.

Employers: By signing **Sections 2 and 3**, as applicable, employers attest under penalty of perjury (28 U.S.C. section 1746) that they have physically examined the documentation presented by the employee, that the documentation reasonably appears to be genuine and to relate to the employee named, that to the best of their knowledge the employee is authorized to work in the United States, that the information they enter in **Section 2** is complete, true, and correct to the best of their knowledge, and that they are aware that they may face civil or criminal penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing Form I-9.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of individuals who are not authorized to work in the United States. This form is completed by both the employer and the employee and is ultimately retained by the employer.

DISCLOSURE: The information employees provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. USCIS does not store Form I-9 data obtained from external employers or retrieve the information by a personal identifier. DHS may share the information you provide on this form and any additional requested evidence with authorized organizations. DHS follows approved routine uses described in the associated published system of records notice [DHS/USCIS-011 E-Verify, June 18, 2019, 84 FR 28326] and the privacy impact assessments [DHS/USCIS/PIA-036(b) Form I-9 Employment Eligibility Verification Update]. A complete list of the routine uses can be found in the system of records notice associated with this form at <http://www.dhs.gov/system-records-notices-sorns>. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**