



確定通知

郵寄日期：00/00/0000
僅限辦公使用：000000000

申索人姓名
申索人地址
城市、州、郵遞區號

就業發展廳
街道地址
城市、州、郵遞區號

英語 1-800-300-5616
西班牙語 1-800-326-8937
粵語 1-800-547-3506
國語 1-866-303-0706
越南語 1-800-547-2058
聽障專線 (非語音) 1-800-815-9387

You are not eligible to receive benefits as explained below:
您沒有資格獲得下述福利：

1. Your request to receive payment on an invalid unemployment insurance (UI) claim using the Standard Base Period is denied. You requested to file a claim for benefits with a benefit year beginning 00/00/0000. The base period of your claim is 00/00/0000 to 00/00/0000. Unemployment Insurance benefit awards are computed on wages paid in the base period per section 1275(a) of the California UI Code. You do not have enough wages in the base period to establish a valid claim.
1. 您在無效失業保險 (UI) 申索上使用標準基期接收付款的請求現已駁回。您請求了提出一項從 00/00/0000 開始福利年度的福利申索。您申索的基期為 00/00/0000 至 00/00/0000。《加州失業保險法》第 1275(a) 節規定，失業保險金根據基期內支付的薪資計算。您在基期內沒有足夠的薪資可供提出有效的申索。
2. Your request to receive payment on an unemployment insurance (UI) claim based on an Alternate Base Period is denied. You do not have enough wages in the Alternate Base Period to establish a valid claim. You requested to file a claim for benefits with a benefit year beginning 00/00/0000. Under the Alternate Base Period program the base period of your claim is 00/00/0000 to 00/00/0000. Unemployment insurance benefit awards are computed on wages paid in the base period per section 1275(b) of the California UI Code.
2. 您提出使用失業保險 (UI) 申索替代基期接收付款的請求現已駁回。您在替代基期內沒有足夠的薪資可供提出有效的申索。您請求了一項從 00/00/0000 開始福利年度的福利申索。根據替代基期計劃，您的申索基期為 00/00/0000 至 00/00/0000。《加州失業保險法》第 1275(b) 節規定，失業保險金根據基期內支付的薪資計算。
3. Your request to use base period wages from a prior claim to establish a current unemployment insurance (UI) claim is denied. Wages used in establishing a claim in any benefit year cannot be used to establish a claim in the next benefit year per section 1275 of the California UI Code. The effective date of your new claim is 00/00/0000. The base period of your claim is 00/00/0000 to 00/00/0000. Only wages paid during the base period may be used to establish a claim.

3. _ 您使用先前申索基期薪資提出目前失業保險 (UI) 申索的請求現已駁回。《加州失業保險法》第 1275 節規定，在任何福利年度用於提出申索的薪資均不能用於在下一個福利年度提出申索。您的新申索生效日期是 00/00/0000。您申索的基期為 00/00/0000 至 00/00/0000。只有在基期內支付的薪資才可用于提出申索。
4. _ Your request to re-open your claim that ended on 00/00/0000 is denied. The benefit year of an unemployment insurance (UI) claim begins on the Sunday in the week you filed your claim. The claim ends 52 weeks later per section 1276 of the California UI Code. Payments cannot be made for weeks beyond the end date of the claim.
4. _ 您提出的重新打開於 00/00/0000 結束的申索請求現已駁回。失業保險 (UI) 申索的福利年度從提出申索那一週的週日開始。《加州失業保險法》第 1276 節規定，申索在 52 週後結束。不能為申索結束日期後的週數付款。
5. _ Your request to continue payments on your claim that ended on 00/00/0000 is denied. The benefit year of an unemployment insurance (UI) claim begins on the Sunday in the week you filed your claim. The claim ends 52 weeks later per section 1276 of the California UI Code. Payments cannot be made for weeks beyond the end date of the claim.
5. _ 您提出的繼續於 00/00/0000 結束的付款請求現已駁回。失業保險 (UI) 申索的福利年度從提出申索那一週的週日開始。《加州失業保險法》第 1276 節規定，申索在 52 週後結束。不能為申索結束日期後的週數付款。
6. _ Your request to continue payments on your exhausted unemployment insurance (UI) claim is denied. When you filed your claim effective 00/00/0000 you were entitled to a maximum benefit award of \$000 at \$000 per week for XX weeks. The payment for the week ending 00/00/0000 exhausted your claim. The benefits payable in any one benefit year shall not exceed the maximum benefit amount per section 1281(b1) of the California UI Code. Therefore, payments cannot be made after a claim balance has been exhausted.
6. _ 您提出的已用盡失業保險 (UI) 付款申索請求現已駁回。在您提出自 00/00/0000 起生效的申索時，您有權得到最高 \$000 的福利金，每週 \$000，為期 XX 週。截至 00/00/0000 一週的付款已用盡了您的申索。《加州失業保險法》第 1281(b1) 節規定，任何一個福利年度的應付福利不得超過最高福利金額。因此，不能在申索餘額用盡後付款。
7. _ You have established a valid claim for unemployment insurance (UI) benefits with a benefit year beginning 00/00/0000. Section 1276 of the California UI Code provides that a benefit year is a 52 week period. The benefit year of your claim does not end until 00/00/0000.
7. _ 您已提出了一項有效的失業保險 (UI) 福利申索，福利年度從 00/00/0000 開始。《加州失業保險法》第 1276 節規定，福利年度為期 52 週。您申索的福利年度直到 00/00/0000 才結束。
8. _ Your request for interest payments on your retroactive unemployment insurance (UI) benefits is denied. There is no provision in the law to allow the Department to pay interest on benefits.
8. _ 您的追溯性失業保險 (UI) 福利利息支付請求現已駁回。沒有法律規定允許本廳支付福利利息。
9. _ You reported that your last employer was XXXX. After considering the available information, the Department finds that you were not an "employee," per section 621B of the California Unemployment Insurance Code.
9. _ 您報告說您的最後一位雇主是 XXXX。本廳在考慮可得資訊後確定，您並不屬於《加州失業保險法》第 621B 節規定的「雇員」。

10. _You reported that you were employed as an independent contractor, not as an employee with XXXX. After considering the available information, the Department finds that you were an “employee” per section 621B of the California Unemployment Insurance Code.
10. _您報告說您是獨立承包商，而不是 XXXX 的雇員。本廳在考慮可得資訊後確定，您屬於《加州失業保險法》第 621B 節規定的「雇員」。
11. _Your request to file an unemployment insurance (UI) claim beginning 00/00/0000 based on an Alternate Base Period is denied because you qualify to file a Standard Base Period claim. Pursuant to section 1275(b) of the California UI Code, the Alternate Base Period can only be used to file a UI claim when there are not enough wages earned in the Standard Base Period to file a monetarily valid UI claim.
11. _您從 00/00/0000 開始根據替代基期提出失業保險 (UI) 申索的請求現已駁回，因為您有資格提出標準基期申索。《加州失業保險法》第 1275(b) 節規定，只有在標準基期內所得薪資不足以提出有效金錢失業保險申索時，才能使用替代基期提出失業保險申索。
12. _Your request to file an unemployment insurance (UI) claim based on the Alternate Base Period (ABP) effective 00/00/0000 is denied. Pursuant to section 1275(b) of the California UI Code, the first date an ABP claim can be filed is 04/01/12.
12. _您提出使用替代基期 (ABP) 生效日期為 00/00/0000 的失業保險 (UI) 申索請求現已駁回。《加州失業保險法》第 1275(b) 節規定，可以提出替代基期申索的第一個日期是 04/01/12。

APPEAL INFORMATION

上訴說明

If you believe that this decision is not correct, you may file an appeal to the field office shown at the top of this form. In your appeal letter, explain why you do not agree with this decision. Any appeal from this notice, to be timely, must be filed on or before 00/00/0000.

如您認為此決定有誤，可向本表頂部顯示的現場辦事處提出上訴。請在上訴信中說明不同意該決定的原因。遞交上訴的截止日期不得遲於 00/00/0000。

Important:

While an appeal is pending, you must continue to submit claim forms for each week you wish to be paid. If the final decision holds you eligible, you will only be paid for those weeks for which you have filed claim forms and have met all eligibility requirements.

重要：

在上訴待決期間，您必須繼續為希望獲得付款的每個週遞交申索表。如果最終決定認為您符合資格，只有遞交了申索表並滿足了所有資格要求的週數才能獲得付款。