

LAST NAME	FIRST NAME	SOCIAL SECURITY ACCOUNT NO.	EDD USE ONLY
workers less often t	nly for the seven-consecutive-day period corresponds The consecutive day period corresponds once each seven days, you must issue a DE partial unemployment. PLEASE ANSWER AL	2063 for each calendar week (Sunday	Interviewer's Initial AC DATE
MPLOYER'S STATEMENT	FOR THE PAYROLL WEEK ENDING	·	
. Had gross earnings of \$	and was engaged in the act of catching ont.) Sunday Monday Tuesday	Date r attempting to catch fish during the days chec Wednesday Thursday Friday	ked as follows: (day is Saturday
. Had no wages and perforr	med no services because the boat was tied up fo, lack of orders for fish from buyers	r the following reason(s): absence of fish in fis	
Did this employee report for	or all work that was available during this payroll v	veek?	
(a) If the answer is "NO,"	give date(s)	,	
(b) REASON:			
	working full-time? (check one) vork (includes reduction in hours)	rged ☐ Voluntary Quit	
	nployee performed any work in your employment	either on or prior to the payroll	
week ending date shown a			Date
EMPLOYER CERTIFICATION ack of work except as shown	I: I CERTIFY that the amount in Item 1 represer in Item 2.	nts reduced earnings in a week of less than ful	I-time work because of
NTER YOUR:	Company Name	() Phone Number	
	Address	City	
Х			-
X	Employer Signature	Employer Account Number	
DATE ISSU	ED TO EMPLOYEE		
	SSUE THIS FORM IMMEDIATELY <u>AFTER</u> PAYF		
·	ete this section. These questions and your answ		·
•	er than lack of work why you couldn't have worke		•
(1) If yes, give reason, da	tes and time you could not work		_
. Did you work for anyone o	ther than your regular employer on any day in tha	at week? (This includes self-employment)	
(1) What is that employer'	s name?		
Address:			
(2) How much did you ear	n before deductions from that employer whether	you were paid or not?	
	to Reason no longer working		,
. Are you receiving a pension	on, <i>other</i> than Social Security?		······· >
(1) If yes, has there been a change in the amount since you last reported it?			·······)
(2) If there has been a cha	ange, enter the <i>new</i> gross amount and explain th	ne reason for the change	······· >
,	address or telephone number in that week?	No	
. If you want federal income	tax withheld for that week, mark this block.		
	: I understand the questions on this form. I knowns are true and correct. I declare under penalty of ted to work by INS.	·	
ENTER YOUR: X		() —	
	Signature	Phone Number	
	Address	City	

NOTE: THIS CLAIM IS TIMELY ONLY BY CONTACTING AN EMPLOYMENT DEVELOPMENT OFFICE WITHIN 28 DAYS AFTER ISSUED TO YOU.

EXCEPTION: IF YOU KNOW THAT YOU WILL BE TOTALLY UNEMPLOYED IN EXCESS OF TWO CONSECUTIVE WEEKS, CONTACT YOUR LOCAL EDD OFFICE IMMEDIATELY.