



確定通知

邮寄日期 : 00/00/0000  
仅限办公用 : 000000000

申索人姓名  
申索人地址  
城市、州、邮政编码

就业发展厅  
街道地址  
城市、州、邮政编码

英语	1-800-300-5616
西班牙语	1-800-326-8937
广东话	1-800-547-3506
普通话	1-866-303-0706
越南语	1-800-547-2058
听障专线 (非语音)	1-800-815-9387

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You are not eligible to receive benefits as explained below:  
您没有资格获得下述福利 :

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. \_您在无效失业保险 (UI) 申索上使用标准基期接收付款的请求现已驳回。您请求了提出一项从 00/00/0000 开始福利年度的福利申索。您申索的基期为 00/00/0000 至 00/00/0000。《加州失业保险法》第 1275(a) 节规定，失业保险金根据基期内支付的薪资计算。您在基期内没有足够的薪资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. \_您提出使用失业保险 (UI) 申索替代基期接收付款的请求现已驳回。您在替代基期内没有足够的薪资可供提出有效的申索。您请求了提出一项从 00/00/0000 开始福利年度的福利申索。根据替代基期计划，您的申索基期为 00/00/0000 至 00/00/0000。《加州失业保险法》第 1275(b) 节规定，失业保险金根据基期内支付的薪资计算。
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资提出目前失业保险 (UI) 申索的请求现已驳回。《加州失业保护法》第 1275 节规定，在任何福利年度用于提出申索的薪资均不能用于在下一个福利年度提出申索。您的新申索生效日期是 00/00/0000。您申索的基期为 00/00/0000 至 00/00/0000。只有在基期内支付的薪资才可用于提出申索。
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. \_ 您提出的重新打开于 00/00/0000 结束的申索请求现已驳回。失业保险 (UI) 申索的福利年度从提出申索那一周的周日开始。《加州失业保护法》第 1276 节规定，申索在 52 周后结束。不能为申索结束日期后的周数付款。
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. \_ 您提出的继续于 00/00/0000 结束的付款请求现已驳回。失业保险 (UI) 申索的福利年度从提出申索那一周的周日开始。《加州失业保护法》第 1276 节规定，申索在 52 周后结束。不能为申索结束日期后的周数付款。
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. \_ 您提出的已用尽失业保险 (UI) 付款申索请求现已驳回。在您提出自 00/00/0000 起生效的申索时，您有权得到最高 \$000 的福利金，每周 \$000，为期 XX 周。截至 00/00/0000 一周的付款已用尽了您的申索。《加州失业保护法》第 1281(b1) 节规定，任何一个福利年度的应付福利不得超过最高福利金额。因此，不能在申索余额用尽后付款。
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. \_ 您已提出了一项有效的失业保险 (UI) 福利申索，福利年度从 00/00/0000 开始。《加州失业保护法》第 1276 节规定，福利年度为期 52 周。您申索的福利年度直到 00/00/0000 才结束。
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. \_ 您的追溯性失业保险 (UI) 福利利息支付请求现已驳回。没有法律规定允许本厅支付福利利息。
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. \_ 您报告说您的最后一位雇主是 XXXX。本厅在考虑可得信息后确定，您并不属于《加州失业保护法》第 621B 节规定的“雇员”。

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. \_您报告说您是独立承包商，而不是 XXXX 的雇员。本厅在考虑可得信息后确定，您属于《加州失业保险法》第 621B 节规定的“雇员”。
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. \_您从 00/00/0000 开始根据替代基期提出失业保险 (UI) 申索的请求现已驳回，因为您有资格提出标准基期申索。《加州失业保险法》第 1275(b) 节规定，只有在标准基期内所得薪资不足以提出有效金钱失业保险申索时，才能使用替代基期提出失业保险申索。
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) 生效日期为 00/00/0000 的失业保险 (UI) 申索请求现已驳回。《加州失业保险法》第 1275(b) 节规定，可以提出替代基期申索的第一个日期是 04/01/12。

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**APPEAL INFORMATION**  
 上诉说明

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.

如您认为此决定有误，可向本表顶部显示的现场办事处提出上诉。请在上诉信中说明不同意该决定的原因。递交上诉的截止日期不得迟于 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：**

在上诉待决期间，您必须继续为希望获得付款的每个周递交申索表。如果最终决定认为您符合资格，只有递交了申索表并满足了所有资格要求的周数才能获得付款。