INSTRUCTIONS FOR THE FEDERALLY MANDATED NEW HIRE BENEFIT AUDIT

PURPOSE

This New Hire Benefit Audit process is a federally-required joint effort between the State of California Employment Development Department (EDD) and employers nationwide. The purpose is to protect the integrity of the Unemployment Insurance (UI) Trust Fund by detecting potential fraud and stopping improper unemployment payments.

You recently submitted information to your respective State Directory of New Hires indicating this individual as a newly hired or re-hired employee, which was reported to the National Directory of New Hires (NDNH). A crossmatch of the California EDD unemployment records with the NDNH shows the individual may have worked for your company while potentially receiving California unemployment benefits. The California EDD now needs more detailed information from you for the weeks indicated on this New Hire Benefit Audit form.

The New Hire Benefit Audit does not mean the employee acted improperly. However, with the cooperation of the employer community, the New Hire Benefit Audit program will lead to the successful prevention and detection of UI benefit overpayments and could potentially reduce improper employer benefit charges.

INFORMATION

Requirements: Please complete and return the information requested within 10 business days from receipt of this audit form. For your convenience, a pre-addressed envelope is enclosed.

Assistance: If you have questions or need assistance completing the New Hire Benefit Audit form, visit the EDD website at [www.edd.ca.gov](http://www.edd.ca.gov) or call the California EDD at 866-401-2849.

Refer to the reverse side of this sheet for instructions on completing the New Hire Benefit Audit form.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. Q: The person listed on the New Hire Benefit Audit never worked for me. What should I do?
   A: Write across the form: “Person never worked for me,” sign and mail the form back to the EDD.

2. Q: What if the employee’s Social Security number is the same, but the name is different?
   A: Enter your employee’s name in the space provided in Item 2 and complete the audit form.

3. Q: What is the difference if I enter the date of hire rather than the Start-of-Work Date?
   A: It is necessary to match UI benefits paid with the Start-of-Work Date (the first day of work) rather than the hire date. The hire date does not provide the necessary information to determine UI benefit entitlement.

4. Q: What if my work week is different from the week indicated on the New Hire Benefit Audit form?
   A: It is necessary to match earnings for work performed to the benefit week(s) listed. Enter hours worked (include vacation time or any other paid time off) for each day, provide the total number of hours for each type of earnings and the total earnings for the week(s).

5. Q: What if the weeks listed on the audit are in the future?
   A: Report earnings up to the most current date and return the audit form within 10 days of receipt. Do not wait until all the weeks have passed.

6. Q: What if there is not enough space on this New Hire Benefit Audit form to provide all the information?
   A: Write any additional pertinent information on the back side of the Benefit Audit form.
INSTRUCTIONS FOR COMPLETING THE FORM

Check your records for the actual dates that the employee worked. If the individual did not work and had no earnings for all the weeks listed on this New Hire Benefit Audit form, then complete section 1, sign and mail the Benefit Audit form.

1. Ensure the Start-of-Work Date (SWD) that was previously provided is correct. The SWD is not always the same as the hire date. If the SWD is not correct, provide the correct SWD. If the employee is no longer employed, provide the last date worked and the reason for separation. If the employee is temporarily off or re-hired, provide the return to work date.

2. Report any differences in the Social Security number or name as listed on the New Hire Benefit Audit form. Provide the employee date of birth. Complete the New Hire Benefit Audit form even if the Social Security number or the name is different from your records.

3. Indicate the pay period interval (i.e., weekly, bi-weekly, etc.), pay period ending dates (i.e., Tuesday, 15th and end of month) and hourly or salary rate.

4. Provide the number of hours worked (include vacation time or any other paid time off) for each day. Note: The earnings must be reported based on the week when worked or earned, not when paid. Provide each type of earnings separately. Provide the total number of hours for each type of earnings. *If a week has zero hours worked please explain the reason (i.e., no work available, employee was not available for work).

Sign the Benefit Audit form and mail it back using the pre-addressed envelope or to the address shown on the front side of the New Hire Benefit Audit form.

If the INDIVIDUAL WORKED or had earnings, complete, sign, and return the New Hire Benefit Audit form. Report regular earnings when worked, not paid. If earnings are zero for all of the weeks listed, complete item number 1, sign, and return the audit form.

1. Start-of-Work Date (SWD) provided: ____________ If not correct, enter ACTUAL SWD (Not Hire Date): ____________
   □ Still employed Last day worked: ____________ Return-to-work date: ____________
   Separation reason: ____________

2. Compare the SSN and name shown above with your records. If different, provide the information below:
   SSN: _______ - _______ - _______ NAME: ____________ Employee Date of Birth: ____________
   Please complete the audit even if the SSN and name is different.

3. Pay period: □ Weekly □ Bi-weekly □ Semi-monthly □ Monthly □ Pay period end date(s): ____________
   Rate earned: Hourly at $ ____________ per hour Salary of $ ____________ per Other

4. Type of earnings: REG=Regular/Overtime V=Vacation H=Holiday Pay RES=Residuals
   S=Severance Pay C=Commissions P=Piece Work O=OTHER

<table>
<thead>
<tr>
<th>Week Begins</th>
<th>Hours Worked/Earned Each Day</th>
<th>Week Ends</th>
<th>Total Hours (If zero, Explain)</th>
<th>Gross Earnings</th>
<th>Provide the number of hours worked/earned for each type of earnings applicable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REG</td>
<td>V</td>
<td>H</td>
<td>RES</td>
<td>S</td>
<td>C</td>
</tr>
</tbody>
</table>

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: ____________ NAME: ____________ TITLE: ____________

DATE: ____________ PHONE NO.: ____________ FAX NO.: ____________ EMAIL: ____________