INSTRUCTIONS FOR NEW EMPLOYEE REGISTRY (NER) BENEFIT AUDIT

The NER Benefit Audit process is a joint effort by employers and the Employment Development Department (EDD) to protect the integrity of the Unemployment Insurance (UI) Fund. You previously provided the EDD with the employee’s start-of-work date on the form Report of New Employee(s), DE 34. At this time, the EDD needs more detailed information for the weeks indicated on the NER Benefit Audit. The NER Benefit Audit does not mean the employee acted improperly. With the cooperation of the employer community, the NER Benefit Audit process leads to the successful detection of benefit overpayments and may lead to the reversal of charges to the employer’s reserve or reimbursable account.

INFORMATION

Requirements: Complete and return ALL NER Benefit Audits within 10 days of receipt or obtain approval for an extension as required by section 1085-4, title 22 of the California Code of Regulations. It is a violation of section 2106 of the California Unemployment Insurance Code to willfully neglect to provide this information.

Employer Liability: This NER Benefit Audit does not mean that the claim filed will affect your account. Your response does not entitle you to a determination or ruling.

Assistance: If you have questions or need assistance completing the NER Benefit Audit, call the Centralized Overpayment Establishment Group at 1-866-401-2849, or visit the EDD website at www.edd.ca.gov.

Address: Return all audits to: EDD, PO Box 2410, Rancho Cordova, CA 95741-2410.

Please refer to the reverse side of this sheet for Specific Instructions on completing the NER Benefit Audit form.

COMMONLY ASKED QUESTIONS AND ANSWERS

Q: The person listed on the NER Benefit Audit never worked for me. What should I do?
A: Verify the Social Security number with your payroll records and report your findings in item 1 on the audit.

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 1 and complete the remainder of the form.

Q: What if my work week is different from the NER Benefit Audit’s week?
A: To perform a valid audit, it is necessary to match earnings for work performed to the benefit weeks listed. Reference employee records, such as time cards, when calculating employee earnings.

Q: What if the employee works on a seasonal or as needed basis?
A: Complete items 1-6 and accurately report earnings (or no earnings) for the weeks listed on the audit.

Q: What is the difference if I enter the date of hire rather than the start-of-work date?
A: To perform a valid audit, it is necessary to match UI benefits paid with the first date the individual actually worked (the start-of-work date) rather than the hire date. The hire date does not provide the necessary information to determine UI benefit entitlement, unless it is the same date as the individual’s first day of work.
SPECIFIC INSTRUCTIONS

1. Report in the space provided any differences in the name or Social Security number as listed on the audit. Provide the employee’s date of birth. Complete the form even if the name or Social Security number is different.

2. Ensure that the start-of-work date (SWD) was previously provided, not the hire date. If the SWD is not correct, provide the correct SWD. If the employee did not actually start work, indicate “did not start work.”

3. Indicate whether or not the employee is still working for you by checking the appropriate box. If the employee is no longer working for you, indicate the last day the employee physically worked and the reason they are no longer working by checking the appropriate box.

4. Indicate the pay period interval (e.g., weekly, bi-weekly, etc.), pay period beginning and ending dates (e.g., Tuesday to Monday, 16th to end of month), and hourly or salary rate.

5. For each week with gross earnings, provide the number of hours worked/earned for each day, total weekly hours, and gross earnings. Indicate the pay type by providing the hours or placing a check mark in the appropriate box. Please note that earnings must be reported based on the week when worked or earned, not when paid.

6. Provide the requested contact information and sign the form.

If the INDIVIDUAL WORKED or had earnings, complete items 1 through 6.
If earnings are zero for all of the weeks listed, CHECK HERE and complete only items 1, 2, 3 and 6.

1. Compare the SSN and Employee Name shown above with your records. If different, provide the information below:
   SSN: __ __ __- __ __ __  Employee Name: ________________________  Employee Date of Birth: ________________________

2. The employee’s Start-of-Work Date you previously provided:
   If not correct, enter the ACTUAL Start-of-Work Date (Not the Hire Date):

3. Is the employee still working for you?  □ Yes  □ No
   If No, enter the last day the employee physically worked: ________________________
   Reason no longer working:  □ Layoff □ Lack of work  □ Conduct/Fired □ Voluntary Quit □ Other: ________________________

4. Pay Period:  □ Weekly  □ Bi-weekly  □ Semi-monthly □ Monthly
   Pay Period Start Date: _________  End date: _________
   Rate of Pay: Hourly $__________ per hour  Salary $__________ per __________  Other: ________________________

5. Type of earnings:  REG = Regular/Overtime  V = Vacation  H = Holiday  SL = Sick Leave
   S = Severance  C = Commissions  RES = Residuals  O = Other
   If the employee is a school contract employee, attach a copy of the contract.

   | Week Begins | Provide the number of hours worked/earned for each day. | Week Ends | Provide the total weekly hours. (Explain if reporting no hours for a week) | Provide the gross earnings when worked not paid | For REG, V, H or SL provide the total hours for each pay type below. | For S, C, RES or O place a check mark for each pay type below.
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6. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

   NAME: ________________________  SIGNATURE: ________________________  TITLE: ________________________
   DATE: _________  PHONE NUMBER: _____-____-____  FAX NUMBER: _____-____-____  EMAIL: ________________________

   PLEASE RETURN ALL NEW EMPLOYEE REGISTRY BENEFIT AUDITS WITHIN 10 DAYS OF RECEIPT TO:
   EMPLOYMENT DEVELOPMENT DEPARTMENT, PO BOX 2410, RANCHO CORDOVA, CA 95741-2410

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