

LAST NAME	FIRST NAME	SOCIAL SECURITY ACCOUNT NO. _____ — _____ — _____	EDD USE ONLY
NOTE: Issue a DE 2063 only for the seven-consecutive-day period corresponding to your payroll week. If you pay your workers less often than once each seven days, you must issue a DE 2063 for each calendar week (Sunday through Saturday) of partial unemployment. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.			Interviewer's Initial AC DATE _____

EMPLOYER'S STATEMENT FOR THE PAYROLL WEEK ENDING _____ **Date**

1. Had gross earnings of \$ _____ and was engaged in the act of catching or attempting to catch fish during the days checked as follows: (day is 12:01 a.m. to next midnight.) Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____
2. Had no wages and performed no services because the boat was tied up for the following reason(s): absence of fish in fishable waters _____ , inclement weather _____ , lack of orders for fish from buyers _____ , boat was laid up for repairs _____ .
3. Did this employee report for all work that was available during this payroll week? ▶ _____
 (a) If the answer is "NO," give date(s) _____
 (b) REASON: _____
4. Why is this employee not working full-time? (check one)
 Lay off due to lack of work (includes reduction in hours) Discharged Voluntary Quit
5. Enter the **last** date this employee performed any work in your employment either on or prior to the payroll week ending date shown above: _____ **Date**

EMPLOYER CERTIFICATION: I CERTIFY that the amount in Item 1 represents reduced earnings in a week of less than full-time work because of lack of work except as shown in Item 2.

ENTER YOUR: _____ Company Name (_____) _____ Phone Number

_____ Address _____ City _____ ZIP

X _____ Employer Signature _____ Employer Account Number

DATE ISSUED TO EMPLOYEE _____

ISSUE THIS FORM IMMEDIATELY AFTER PAYROLL WEEK ENDING DATE SHOWN ABOVE

CLAIMANT: You must complete this section. These questions and your answers are for the payroll week ending date shown on the top of this form.

- A. Was there any reason other than lack of work why you couldn't have worked full-time each regular workday that week? ▶ _____
 (1) If yes, give reason, dates and time you could not work _____
- B. Did you work for anyone other than your regular employer on any day in that week? (This includes self-employment) ▶ _____
 (1) What is that employer's name? _____
 Address: _____
 (2) How much did you earn before deductions from that employer whether you were paid or not? ▶ _____
 (3) Dates worked _____ to _____. Reason no longer working _____
- C. Are you receiving a pension, **other** 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 change, enter the **new** gross amount and explain the reason for the change. ▶ _____
- D. Did you have a change of address or telephone number in that week? ▶ _____
 If you moved, could you have worked if a job had been offered? Yes No
- E. If you want federal income tax withheld for that week, mark this block.

CLAIMANT CERTIFICATION: I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work by INS.

ENTER YOUR: **X** _____ Signature (_____) _____ Phone Number

_____ Address _____ City _____ ZIP

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**.