

SAMPLE, this page for reference only.

EMPLOYMENT DEVELOPMENT DEPT
UI CENTER SAMPLE CITY
PO BOX 00000
SAMPLE CITY CA 00000-0000



N O T I C E O F D E T E R M I N A T I O N

DATE MAILED MM/DD/YY
BENEFIT YEAR BEGAN MM/DD/YY

F M LASTNAME
123 SAMPLE STREET
SAMPLE CITY CA 00000-0000

EDD TELEPHONE NUMBERS:
ENGLISH 1-800-300-5616
SPANISH 1-800-326-8937
CANTONESE 1-800-547-3506
MANDARIN 1-866-303-0706
VIETNAMESE 1-800-547-2058
TTY 1-800-815-9387

FOR OFFICE USE ONLY: 00000000000

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1279 BEGINNING MM/DD/YY AND ENDING MM/DD/YY (01 WEEKS) .

YOU EARNED \$00.00 FROM SAMPLE INC. FOR THE WEEK(S) ENDING MM/DD/YY. THEREFORE, YOU ARE NOT ENTITLED TO FULL WEEKLY BENEFITS. SECTION 1279 PROVIDES - THE FIRST \$25 OR 25% (WHICHEVER IS GREATER) OF YOUR TOTAL EARNINGS FOR THE WEEK IN WHICH YOU WORKED IS NOT COUNTED IN DETERMINING YOUR BENEFIT ENTITLEMENT FOR THAT WEEK. THE AMOUNT REMAINING IS DEDUCTIBLE FROM YOUR WEEKLY BENEFIT AMOUNT.

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1279 BEGINNING MM/DD/YY AND ENDING MM/DD/YY (06 WEEKS) .

YOU WORKED FOR THE ABOVE EMPLOYER AND EARNED THE AMOUNT SHOWN FOR THE WEEKS LISTED \$00.00 EACH WEEK MM/DD/YY TO MM/DD/YY. THEREFORE, YOU ARE NOT ENTITLED TO FULL WEEKLY BENEFITS. SECTION 1279 PROVIDES - THE FIRST \$25 OR 25% (WHICHEVER IS GREATER) OF YOUR TOTAL EARNINGS FOR THE WEEK IN WHICH YOU WORKED IS NOT COUNTED IN DETERMINING YOUR BENEFIT ENTITLEMENT FOR THAT WEEK. THE AMOUNT REMAINING IS DEDUCTIBLE FROM YOUR WEEKLY BENEFIT AMOUNT.

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1279 BEGINNING MM/DD/YY AND ENDING MM/DD/YY (06 WEEKS) .

YOU WORKED FOR THE ABOVE EMPLOYER AND EARNED THE AMOUNT SHOWN FOR THE WEEKS LISTED \$00.00 EACH WEEK MM/DD/YY TO MM/DD/YY. THEREFORE, YOU ARE NOT ENTITLED TO FULL WEEKLY BENEFITS. SECTION 1279 PROVIDES - THE FIRST \$25 OR 25% (WHICHEVER IS GREATER) OF YOUR TOTAL EARNINGS FOR THE WEEK IN WHICH YOU WORKED IS NOT COUNTED IN DETERMINING YOUR BENEFIT ENTITLEMENT FOR THAT WEEK. THE AMOUNT REMAINING IS DEDUCTIBLE FROM YOUR WEEKLY BENEFIT AMOUNT.



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YOU WORKED FOR THE ABOVE EMPLOYER AND EARNED THE AMOUNT SHOWN FOR THE WEEKS LISTED \$00.00 MM/DD/YY. THEREFORE, YOU ARE NOT ENTITLED TO FULL WEEKLY BENEFITS. SECTION 1279 PROVIDES - THE FIRST \$25 OR 25% (WHICHEVER IS GREATER) OF YOUR TOTAL EARNINGS FOR THE WEEK IN WHICH YOU WORKED IS NOT COUNTED IN DETERMINING YOUR BENEFIT ENTITLEMENT FOR THAT WEEK. THE AMOUNT REMAINING IS DEDUCTIBLE FROM YOUR WEEKLY BENEFIT AMOUNT.

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YOU WORKED FOR THE ABOVE EMPLOYER AND EARNED THE AMOUNT SHOWN FOR THE WEEKS LISTED \$00.00 EACH WEEK MM/DD/YY TO MM/DD/YY. THEREFORE, YOU ARE NOT ENTITLED TO FULL WEEKLY BENEFITS. SECTION 1279 PROVIDES - THE FIRST \$25 OR 25% (WHICHEVER IS GREATER) OF YOUR TOTAL EARNINGS FOR THE WEEK IN WHICH YOU WORKED IS NOT COUNTED IN DETERMINING YOUR BENEFIT ENTITLEMENT FOR THATWEEK. THE AMOUNT REMAINING IS DEDUCTIBLE FROM YOUR WEEKLY BENEFIT AMOUNT.

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1279 BEGINNING MM/DD/YY AND ENDING MM/DD/YY (06 WEEKS) .

YOU WORKED FOR THE ABOVE EMPLOYER AND EARNED THE AMOUNT SHOWN FOR THE WEEKS LISTED \$00.00 EACH WEEK MM/DD/YY TO MM/DD/YY. THEREFORE, YOU ARE NOT ENTITLED TO FULL WEEKLY BENEFITS. SECTION 1279 PROVIDES - THE FIRST \$25 OR 25% (WHICHEVER IS GREATER) OF YOUR TOTAL EARNINGS FOR THE WEEK IN WHICH YOU WORKED IS NOT COUNTED IN DETERMINING YOUR BENEFIT ENTITLEMENT FOR THAT WEEK. THE AMOUNT REMAINING IS DEDUCTIBLE FROM YOUR WEEKLY BENEFIT AMOUNT.

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1252 BEGINNING MM/DD/YY AND ENDING MM/DD/YY (06 WEEKS) .

YOU WORKED FOR THE ABOVE EMPLOYER AND EARNED THE AMOUNT SHOWN FOR THE WEEKS LISTED \$00.00 EACH WEEK MM/DD/YY TO MM/DD/YY. SECTION 1252 PROVIDES - AN INDIVIDUAL IS UNEMPLOYED IN A WEEK IF HE OR SHE PERFORMS NO SERVICES OR WORKS LESS THAN FULL TIME AND DOES NOT HAVE EXCESSIVE EARNINGS.

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1257A BEGINNING MM/DD/YY UNTIL YOU HAVE FILED A CLAIM FOR EACH OF 15 WEEKS IN WHICH YOU ARE OTHERWISE ELIGIBLE FOR BENEFITS.

WHEN YOU CLAIMED BENEFITS FOR THE WEEK(S) ENDING MM/DD/YY TO MM/DD/YY, YOU DECLARED YOU HAD NO WORK OR EARNINGS. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF FULL BENEFITS. SECTION 1257A PROVIDES - AN INDIVIDUAL IS DISQUALIFIED IF HE WILLFULLY MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION TO OBTAIN BENEFITS. SECTION 1260D PROVIDES - AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1257A IS INELIGIBLE FOR BENEFITS



FROM 5 TO 15 WEEKS IF BENEFITS WERE PAID AS A RESULT OF THE MISSTATEMENT OR OMISSION. HE OR SHE MUST SUBMIT A CONTINUED CLAIM FORM TO THE FIELD OFFICE TO COVER EACH WEEK AND MEET ALL ELIGIBILITY REQUIREMENTS. NO BENEFITS ARE PAYABLE FOR THREE YEARS FROM THE ORIGINAL EFFECTIVE DATE OF THIS DISQUALIFICATION UNLESS IT IS SATISFIED AT AN EARLIER DATE AND YOU ARE OTHERWISE ELIGIBLE. THE REPAYMENT OF ANY OVERPAYMENT DOES NOT REMOVE THE DISQUALIFICATION.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

A. COMPLETE THE ENCLOSED APPEAL FORM (DE 1000M) OR WRITE A LETTER STATING THAT YOU WANT TO APPEAL THIS DECISION. IF YOU WRITE A LETTER TO APPEAL, EXPLAIN THE REASON WHY YOU DO NOT AGREE WITH THE DEPARTMENT'S DECISION. WRITE YOUR SOCIAL SECURITY NUMBER ON EACH DOCUMENT YOU SUBMIT TO THE DEPARTMENT. (TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR), SECTION 5008).

B. MAIL THE DE 1000M OR YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ON THE FIRST PAGE OF THIS DECISION.

C. FILE YOUR APPEAL WITHIN THIRTY (30) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN MM/DD/YY.

YOUR HANDBOOK, "A GUIDE TO BENEFITS AND EMPLOYMENT SERVICES," GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, YOU CAN READ OR ORDER THE HANDBOOK ONLINE BY VISITING THE DEPARTMENT'S WEBSITE AT WWW.EDD.CA.GOV. TO ORDER A HANDBOOK, VISIT WWW.EDD.CA.GOV/FORMS, ENTER PUBLICATION NUMBER "DE 1275A" IN THE FORM LOCATOR, AND FOLLOW THE ONLINE INSTRUCTIONS.

APPEAL INFORMATION:

WHEN YOUR APPEAL IS RECEIVED, YOUR CASE WILL BE REVIEWED. IF THE DECISION REMAINS THE SAME, THE DEPARTMENT WILL SEND YOUR APPEAL TO THE OFFICE OF APPEALS. IF YOU APPEAL AFTER THE 30 DAYS, YOU MUST INCLUDE THE REASON FOR THE DELAY. THE ADMINISTRATIVE LAW JUDGE WILL DETERMINE WHETHER YOU HAD GOOD CAUSE FOR THE DELAY. IF THE ADMINISTRATIVE LAW JUDGE DETERMINES YOU DID NOT HAVE GOOD CAUSE FOR SUBMITTING YOUR APPEAL LATE, YOUR APPEAL WILL BE DISMISSED.

THE OFFICE OF APPEALS WILL SEND YOU A LETTER WITH THE DATE, PLACE, AND TIME OF YOUR HEARING AND A PAMPHLET EXPLAINING APPEAL HEARING PROCEDURES. AT THE HEARING, THE ADMINISTRATIVE LAW JUDGE WILL LISTEN TO YOU, EXAMINE THE FACTS, AND ISSUE A DECISION. YOU MAY HAVE A REPRESENTATIVE OR SOMEONE ELSE HELP YOU DURING THE HEARING.

CONTINUING CERTIFICATION:

IF YOU ARE ELIGIBLE TO CONTINUE TO CERTIFY FOR BENEFITS WHILE YOU WAIT FOR THE ADMINISTRATIVE LAW JUDGE'S DECISION, THE DEPARTMENT WILL ISSUE

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CONTINUED CLAIM FORMS AND YOU MUST CONTINUE TO CERTIFY FOR BENEFITS ON TIME. IN SOME CASES, YOU WILL NOT BE ABLE TO CERTIFY FOR BENEFITS UNTIL THE ADMINISTRATIVE LAW JUDGE ISSUES A DECISION. IF THE ADMINISTRATIVE LAW JUDGE DECIDES YOU ARE ELIGIBLE FOR BENEFITS, THE DEPARTMENT WILL ISSUE CONTINUED CLAIM FORMS. BENEFITS CAN ONLY BE PAID FOR WEEKS THAT YOU HAVE CERTIFIED FOR BENEFITS AND ARE OTHERWISE ELIGIBLE TO RECEIVE BENEFIT PAYMENT.

OTHER SERVICES:

VISIT WWW.EDD.CA.GOV FOR INFORMATION ABOUT (1) JOB REFERRALS, (2) DISABILITY INSURANCE, (3) OTHER EDD SERVICES (4) SERVICES OFFERED BY OTHER AGENCIES.

DE1080 CZ REV. 2 (08-21)

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