

Employment Development Department
PO Box 980106
West Sacramento, CA 95798-0106
1-909-799-8703



DE 1545

Notice Of Wages Used For Unemployment Insurance Claim

str039
str041

str007
str008
str009
str010
str011

Your Account No.

str012

BR. NO.

str013

Predecessor Account No.

str014

Claim Date str015

**If the wage information is correct and you do not need to request a ruling, no further action is necessary.
Keep this form for your records.**

The individual named below has received unemployment benefits based in total or in part on wages you reported.

Name	Name Wages Reported Under	Social Security Number	Other Social Security Number
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str016

str017

str018

str019

Wages you reported by quarter used to establish this claim based on strTmp1

For information about the base period, see the instructions enclosed.

str021	str022	str023	str024
str025	str026	str027	str028

TOTAL WAGES REPORTED BY YOU
str029

Total wages reported by you and all other employers to establish this claim str030

The percentage of benefits chargeable to your reserve account is str031

The individual's weekly benefit amount is str032 to a maximum benefit amount of str033

Maximum charges for each week benefits are paid will be str033

rtf034
str038
str040

Rulings: To request a ruling, complete the section below and mail to the address above. **Ruling requests must be postmarked by str006.**

1. Give date of separation and rehire (if any) during quarters used to establish this claim.

Separation Dates _____ Rehire Dates _____

2. What is the nature of the separation? ☐ Quit ☐ Discharge ☐ Lack of Work

3. Give complete details about their separation. _____

I declare that the above, to the best of my knowledge and belief, is true and correct.

Name _____ Date (MM/DD/YYYY) _____

Signature and Title _____ Phone Number _____

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Date _____

SSN _____

Documents Made Part of Record _____ Customer Name _____

Employer Protest Date _____ ☐ Timely ☐ Untimely ☐ DE 3977 ☐ DE 4463 ☐ DE 4464 ☐ DE 4465

Employer Statement

Customer Statement

Reason for Favorable Ruling

BDG Reason for Decision _____

Accepts other Employment _____ Rate of Pay _____

☐ Part-time

Employers Name _____

☐ Favorable

Address _____

☐ Unfavorable

Department Representative (Print Name)

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