



TEMPORARY
EMPLOYEE
HANDBOOK

Recruiting Solution, Inc

WELCOME TO RECRUITING SOLUTION, INC.!

Who We Are

In 2008, Tiffani La and Terrence Shea joined forces, founding Recruiting Solution, Inc. (RSI), a specialty search firm for contract, contract-to-hire, and direct-hire placements in the areas of accounting, finance, human resources and administrative support. In just a few years, they have built a stellar reputation in the recruiting industry for their high ethical standards, innovative recruitment techniques and consistent results.

RSI's President, Terrence Shea has led the company's expansion from a two-person start-up to a highly sought after recruiting firm which has become the Bay Area's leader in specialized staffing. The founders built their company on the principles of integrity, trust, professionalism, and a commitment to provide exceptional service. Their goal is to be regarded as the recruiting solution for their clients and the career choice for their candidates.

Your Employee Handbook

This handbook is designed to provide information about key policies and practices, work standards, and benefits information. The information in this handbook applies to all candidates and temporary employees of RSI. We believe that clearly communicated policies increase efficiency and reduce confusion.

GENERAL EMPLOYMENT POLICIES

At-Will Employment Status

Employment at RSI is at-will, which means that both you and RSI may terminate the employment relationship at any time, with or without notice, with or without cause for any reason that is not contrary to law. RSI does not promise that the employment relationship will continue for a set period of time or specific term, or that the employment relationships can be terminated only under particular circumstances. RSI may change hours of work, assignments, job duties, wages and benefits, and impose disciplinary action or take corrective action when warranted, up to and including termination. **This Employment Handbook does not create a contract, and nothing in this Employee Handbook is intended to guarantee employment for any specific duration of time.**

EEOC Policy

This is to advise all candidates and employees of RSI that law and our industry's Standards of Ethical Practices absolutely prohibit discrimination against job applicants based upon race, color, creed, religion, national origin, sex, sexual preference, age, income level or physical handicap.

This firm will not tolerate violations of anti-discrimination laws. If you have any questions about this, or believe you have been treated unfairly, please speak immediately to RSI Management or RSI recruiter.

Company Policy Against Discrimination and Harassment

RSI is committed to providing a work environment that is free from sexual harassment, as well as harassment, discrimination and retaliation based on race, color, national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code section 12801.9), ancestry, religion and religious creed (including religious dress and grooming), political affiliation, citizenship, sex, gender, gender identity (including transgender identity and transitioning), gender expression, sexual orientation, age, pregnancy, childbirth, breastfeeding and related medical conditions, marital status, registered domestic partner status, military or veteran status, legally protected medical condition (including cancer), physical or mental disability, genetic information or characteristics, AIDS/HIV status, family care status, domestic partner status, status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, engaging in protected communications regarding employee wages, requesting a reasonable accommodation on the basis of disability, pregnancy, or bona fide religious belief or practice, or any other protected classification under federal, state or local law.

This policy applies to all persons involved in the operations of RSI and prohibits unlawful discrimination or harassment by any employee, whether committed by supervisory or non-supervisory personnel.

Discrimination and unwanted or unwelcome harassment includes:

- (1) Degrading remarks, jokes, tricks, insults or gestures;
- (2) Displaying or passing around objects or pictures offensive, for example, to racial, ethnic or religious groups, and
- (3) Any conduct which has the purpose or effect of substantially interfering with a person's work performance or of creating an intimidating, hostile or offensive work environment.

It is a violation of our sexual harassment policy for a supervisor or manager to insinuate, threaten or imply in any way that an employee's submission to, or rejection of, sexual advances will in any way influence any personnel decision regarding that employee's employment, evaluation, wages, advancement, assigned duties, shifts or any other aspect of employment or career development. Other sexually harassing conduct in the work place that may create an offensive work environment is also prohibited, whether it be in the form of physical or verbal harassment, and regardless of whether committed by supervisory or non-supervisory personnel. This includes, but is not limited to, repeated offensive or unwelcome sexual comments, flirtations, advances or propositions; continual or repeated verbal abuse or degrading remarks of a sexual nature; graphic verbal commentaries about an individual's body; touching, patting, pinching, hugging or repeated brush against another employee's body and the display or passing around the work place of sexually suggestive or offensive objects or pictures. Such conduct should be reported immediately to the Recruiter who has assigned the job.

While it is not the purpose of this policy to regulate an employee's personal morality, discrimination or harassment in the work place by an employee is an act of misconduct and grounds for disciplinary actions, up to and including dismissal and may lead to personal, legal and financial liability.

We expect you to accomplish your work in a business-like manner and to respect the dignity and well-being of your fellow employees. Any discrimination against or harassment of our employees, whether by a manager, co-workers or third parties over whom we have control, will not be tolerated and will be dealt with severely. Any employee who has committed acts which are found to be harassment will be subject to disciplinary action, up to and including dismissal.

Substance Abuse Policy

It is the purpose of RSI to help provide a drug free environment for our clients and our employees. With this goal and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of RSI:

RSI explicitly prohibits:

The use, possession, solicitation for or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises or while performing an assignment.

Being impaired or under the influence of legal or illegal drugs or alcohol off the company or customer premises that adversely affects the employee's work performance, his or her own or other's safety at the workplace, or the employer's reputation.

RSI may drug test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards by three methods:

Pre-Employment: As may be required by client.

Randomly: A random selection of some employees for testing will be done unannounced.

For Cause: When it is the company's belief that a drug problem exists (such as evidence of drugs, accidents, injuries in the workplace fights or other behavioral symptoms of drug abuse, negative performance patterns, excessive absenteeism or tardiness) for-cause testing will be utilized.

Employees of RSI who refuse to submit to drug testing, test positive or admit to substance abuse will be subject to termination.

Also employees of RSI who test positive or admit to substance abuse will be referred to local public agencies that provide rehabilitation and counseling services.

The results of all drug testing will be treated confidentially, and for no purpose other than for RSI to make employment related decisions.

Workplace Violence Policy

We recognize that workplace violence is a growing concern among employers and employees around the country. RSI strictly prohibits violent or threatening behavior. To prevent workplace violence, RSI reserves the right to deal with behavior that suggests a propensity towards violence even before the occurrence of any violent behavior.

Conduct prohibited by this policy, includes but is not limited to:

- Threats of any kind;
- Intimidating, menacing, hostile, physically aggressive, or violent behavior, including stalking and surveillance;
- Behavior that suggests a propensity toward violence, including belligerent speech, excessive arguing or cursing; sabotage; threats to sabotage RSI property; pattern of belligerent refusal to follow RSI policies and procedures;
- Defacing or causing damage to property belonging to RSI, clients or co-workers;
- Possession, use, sale or purchase of weapons or firearms of any kind on work premises, including the parking lot, whether during working hours or work related functions, or while conducting RSI business; or
- Any violent conduct that adversely affects RSI's legitimate business interests and which could potentially result in violation of any criminal laws relating to threats of violence or violent acts.

RSI may, at its sole discretion immediately terminate any employee who violates this policy.

Reporting: If you observe or become aware of any conduct that violates this policy you should notify your manager or any member of management. If any restraining order is in effect, or if a potentially violent non-work related situation exists that could result in violence in the workplace, immediately notify your RSI Recruiter at 650-488-7060.

Investigation: All reports of workplace violence will be taken seriously and will be investigated promptly and thoroughly. RSI will not tolerate retaliation against an employee who reports workplace violence.

Discipline: If we determine that workplace violence has occurred, we will impose discipline on offending employees, including termination of employment. RSI may also report unlawful conduct to law enforcement.

GETTING STARTED WITH RSI

Resume

All candidates shall have on file with RSI a current resume that includes past employment history as well as duties, accomplishments, titles and areas of expertise. Every resume shall contain all certificates, licenses and professional designations held by the candidate.

Employee Application

All candidates must fill out the RSI application form. Completed applications are used to accurately document your employment history.

W-4 Form and State Tax Form

All candidates for employment shall fill out a current W-4 form and any applicable state tax form so that RSI can withhold the correct federal income tax from your pay.

I-9 Proof of Citizenship or Legal Resident Alien Status

RSI complies with the Immigration Reform and Control Act, and accordingly requires all candidates to provide verification of authorization to work in the U.S. before RSI is able to place you on an assignment. Examples of acceptable identification include: Driver's License, Government issued I.D. card, Social Security Card, birth certificate, U.S. Passport or Permanent Resident Card. (See Form I-9 for complete list of acceptable forms of identification.)

Wage Notification Form

Every candidate will sign a wage notification form listing a range of potential wages that may be earned on future jobs. There are many factors that influence how a wage is calculated for a specific job. These factors include, but are not limited to:

- Skill set required by client
- Number of years experience required by client for a specific job title
- Rates a given client is able or willing to pay
- Availability within our labor pool to fill a given position
- The ability to be competitive within the market place for our services

Staff Interview of Candidate

All candidates are required to complete an in person interview with a RSI recruiter in order to be placed by RSI on assignment.

WORKING WITH RSI

Timesheet Instructions

It is your responsibility to submit an accurately completed timesheet

- Timesheets must be submitted by **Monday at 12pm.**
- Timesheets **must** be approved by an authorized manager of the client firm; incorrect timesheets will be rejected and the employee will be responsible for promptly submitting a corrected timesheet.
- Falsified or altered timesheets will not be accepted and could result in appropriate legal proceedings, including termination.

Overtime and Double time Issues

Your **recruiter and client supervisor** must approve all overtime and double time requests **before** the overtime and double time occurs. Overtime and double time will not be paid unless your assigned recruiter and client supervisor have given you authorization to work.

A workday begins at 12:01 a.m. and ends at midnight 24 hours later. Workweeks begin each Monday at 12:01 a.m. Overtime is paid for hours worked over 8 hours in a day, 40 hours in a workweek, or the first 8 hours on the 7th consecutive day in a work week. Double time is paid for hours worked over 12 in a day or over 8 hours on the 7th consecutive day of work in a workweek. Compensation for overtime hours worked will be one and one-half times and double time hours worked will be double the employee's current rate of pay.

Meal & Rest Breaks

California State law requires that an employee who works a six (6) hour work day take a minimum thirty (30) minute (maximum 1 hour) unpaid lunch within the first five hours of work. Note the time taken accurately on your timesheet. You may not waive your meal break if you work over six (6) hours in a day. A ten (10) minute paid rest break must be taken during every four (4) hours worked.

Payday Schedule

Paydays occur at these intervals: once a week on Fridays for the previous work week. There is a one-week pay delay on the first week of work. There are no advances against paychecks. A \$50 fee would be charged for paycheck advance request. No interim checks between paydays will be issued.

Checks are mailed from our payroll office in New Hampshire on Wednesday evening. RSI has a strict policy of not allowing any checks to be picked up in the office. Schedule is subject to change, due to holidays. RSI provides direct deposit services and encourages its employees to sign up for this program for quick and efficient deposit of pay.

Stop-Payment of Paycheck

There may be a situation where you require a stop-payment of your paycheck due to inaccurate data in our database or problems with mail service. Any request for a payroll check stop-payment will be charged \$25 per stop-payment request, which will be deducted from the replacement check. If you would like to request a stop-payment of a paycheck you must contact your Recruiter and ask for a "Payroll Check Stop Payment Request". A new check will be issued within 5 business days after the old check is canceled.

Expense Reimbursement

When work related expenses are incurred during your assignment, you must have our client and your recruiter pre-approved the expenses before RSI can reimburse you. Employees should submit completed expense reports to your recruiter by the end of the following week.

Paid Sick Leave

New temporary employees shall begin to accrue one hour of paid sick leave for every 30 hours worked. The employees can use their accrued paid sick leave only after 90 days of employment. Sick leave is capped per state and city law. Once you stop working for RSI for one calendar year, you restart accruing sick leave like a new employee.

Paid sick leave may be taken:

- For the illness, injury, medical condition, need for medical diagnosis or treatment, or other medical reason of the eligible employee, or
- For the purpose of providing care or assistance to the following individuals with regards to an illness, injury, medical condition, need for medical diagnosis or treatment, or other medical reason:
 - The eligible employee's immediate family, including his or her child, parent, legal guardian or ward, sibling, grandparent, grandchild, spouse, or registered domestic partner under any state or local law; or
 - A designate individual in accordance with this Policy.
- An employee who is a victim of domestic violence, sexual assault, or stalking may use paid sick leave under this policy to attend to legal matters, seek medical attention, obtain social services, seek counseling, participate in safety planning, or for any related activities.

Hours absent for medical and dental appointments will be treated as paid sick leave. Paid sick leave must be used in one hour increments.

For San Francisco and Oakland employees, if an eligible employee has no spouse or registered domestic partner, the employee may designate one person for whom the employee may use paid sick leave for the illness, injury, medical condition, need for medical diagnosis or treatment, or other medical reason of the designated person.

In order to so designate a person under this Policy, eligible employees must complete a Designated Person Form provided by the Human Resources Department within 10 work days from the date on which the employee begins to accrue paid sick leave pursuant to Part A of this Policy. Thereafter, eligible employees may make or change such designations annually, from the date on which the employee begins to accrue paid sick leave, so long as the designation is made within 10 work days of such anniversary date.

No reimbursement or compensation will be paid to an eligible employee for accrued and unused paid sick leave in the event of the employee's termination, resignation, retirement, or other separation of employment.

In order to get pay for sick leave, you need to notify RSI and our client by email and phone call immediately when you are out sick and if you are out more than 3 days a verification letter from a licensed medical practitioner for any use of accrued paid sick leave.

If the need for paid sick leave is foreseeable, the employee shall provide reasonable advance notification. If the need for paid sick leave is unforeseeable, the employee shall provide notice of the need for the leave as soon as possible.

Holiday Pay

Holiday is unpaid time off. If you work on a federal recognized holiday, the pay rate will be at regular hours worked.

Vacation Pay

Vacation time is unpaid time off.

Jury Duty and Witness Leave Pay

Jury Duty and Witness Leave is unpaid time off.

Time Off For Voting Pay

If you are unable to vote in a statewide election during your non-working hours due to your work schedule, RSI will grant you up to two hours of paid time off to vote.

Other Leaves of Absence

If you need to take an extended period of time off work due to personal or family medical issues, military duty, school visits, or other reasons, please contact your RSI Recruiter to discuss your request and determine if the leave is covered by a federal or state leave program.

Health Benefit Plan

RSI is a small business and does not offer medical benefit plan but offers access to health benefit plan through Magnate Insurance Services, Inc. Please contact Kevin Shinmoto to discuss affordable individual health plan solutions. Kevin can be reached at (408) 551—2800.

401(k) Retirement Plan

Once you meet the eligibility requirements, you may participate in RSI's 401(k) plan. You must complete 12 months of service working at least 1,000 hours, and are a minimum age of 21. After you have completed the eligibility requirements, you can enter the plan on January 1 or July 1 each year. If you chose to participate, RSI will make a Safe Harbor matching of 100% of the first 3% compensation deferrals plus 50% of the next 2% of salary deferrals. The vesting schedule for RSI's 401(k) plan is at the rate of 20% each year after 2 Years of Vesting Service (20% vested in second year). As a reminder, a year of vesting service requires 1000 hours worked during the plan year. In addition, RSI may make a discretionary profit-sharing contribution to your account at the end of the plan year. To receive a discretionary employer match contribution and discretionary employer profit sharing contribution you must be a participant and must be employed on the last day of the plan year.

Flexible Work Arrangement

A hourly employee who is regularly scheduled to work at least eight (8) hours per week and has been employed for six months working in San Francisco may request a flexible work arrangement to care for:

- A child or children under 18 years of age for whom the employee has assumed parental responsibilities;
- A parent who is 65 years or older; or
- A spouse, domestic partner, child, parent, sibling, grandchild or grandparent with a serious health condition defined as:

- inpatient care in a hospital, hospice, or residential health care facility; or
- continuing treatment or continuing supervision by a health care provider.

The request may include, but is not limited to:

- Modifying the employee's work schedule;
- Changing the employee's work location;
- Reduction or change in the employee's work duties or work assignments; or
- Part-year employment.

An eligible employee must submit a Request for a Flexible Work Arrangement along with verification of care giving responsibilities to Tiffani La with as much advance notice as possible.

RSI will meet with the employee within 21 days of receiving the employee's request and provide a written approval or denial within 21 days thereafter. If a request is denied, an employee may submit a written request for reconsideration within 30 days. RSI will meet with the employee within 21 days of the employee's request for reconsideration and issue a final written decision within 21 days of meeting with the employee.

Unemployment Insurance

You may be eligible for unemployment while you work for a temporary agency as long as you follow the relevant state guidelines. When your assignment ends you may register for benefits. You may not receive these, however, if you voluntarily quit or refuse an assignment offered by RSI.

Before Beginning an Assignment

Directions

Check arrival times and other pertinent information contained in the job assignment with your recruiter.

Job Cancellations

As an employee of RSI, you are expected to represent the company in a professional manner. If you are unable to complete an assignment, call your recruiter immediately so other arrangements can be made and provide at least 1 week notice.

There are times when a client's need changes, and we may need to reassign or end your assignment. Do not take this personally. This is the nature of temporary work. Your recruiter will promptly notify you whenever this occurs and try to find you another assignment.

Your First Assignment

We will send you to work as soon as we have obtained a job order that requires your skills and a client is interested in offering you an assignment. Your RSI Recruiter will do everything possible to find a suitable assignment for you.

Onsite Policies

Injury While on Jobsite/Workers Compensation Insurance

Recruiting Solution Incorporated (RSI), in accordance with state law, provides insurance coverage for employees in case of work-related injury. The workers' compensation benefits provided to injured employees may include:

- Medical care;
- Cash benefits, tax free, to replace lost wages; and

- Assistance to help qualified injured employees return to suitable employment.

To ensure that you receive any workers' compensation benefits to which you may be entitled, you will need to:

- Immediately report any work-related injury to your RSI Representative at **650-488-7060**;
- Seek medical treatment and follow-up care from Medical Provider Network or Predesignated Personal Physician if required;
- Complete a written *Employee's Claim for Workers' Compensation Benefits* (California employees complete form DWC1) and return it to your RSI Representative as soon as possible; and
- Provide RSI with a certification from your health care provider regarding the need for workers' compensation disability leave, as well as your eventual ability to return to work from the leave.

Return to Work Policy

RSI has developed a return-to-work policy. Its purpose is to return employees to employment at the earliest date following an injury or illness. We desire to speed recovery from injury or illness and reduce insurance costs. This policy applies to all employees and will be followed whenever appropriate.

RSI defines "transitional" work as temporary modified work assignments within the employee's physical abilities, knowledge, and skills.

Where feasible, transitional positions will be made available to injured employees in order to minimize or eliminate time loss.

For any business reason, at any time, we may elect to change the working shift of any employee based on the business needs of this company.

The physical requirements of transitional/temporary work will be provided to the attending physician. Transitional/temporary positions are then developed with consideration of the employee's physical abilities, the business needs of RSI, and the availability of transitional work.

In case of on-the-job accident

If you have a work-related injury and are missing time from work immediately, contact your RSI Representative for details regarding time loss.

Transitional temporary work assignment

RSI will determine appropriate work hours, shifts, duration, and locations of all work assignments. RSI reserves the right to determine the availability, appropriateness, and continuation of all transitional assignments and job offers.

Communication

It is the responsibility of the employee to immediately notify the RSI Representative of any changes concerning a transitional/temporary work assignment. The RSI Representative will then communicate with the insurance carrier and attending physician as applicable.

Employee Responsibilities:

Accident Reporting

- An accident is any unplanned event that disrupts normal work activities and may or may not result in injury or property damage. All work-related accidents, injuries, and near misses must be reported immediately to the RSI Representative.

- If an accident occurs, but **does not** require professional medical treatment, the supervisor should immediately be informed so that an accident analysis can be completed. If first-aid treatment is needed, it should be sought on-site.
- If an accident occurs which **requires professional medical treatment**, the employee should immediately report to the RSI recruiter or RSI Management and complete the appropriate Workers' Compensation Claim Form as soon as possible.

Employee's physical condition

- If professional medical treatment is sought, the employee should inform the attending physician that RSI has a return-to-work program with light duty/modified assignments available.
- The employee should obtain a **Release to Return-to-Work** form and completed **Job Description** form from the RSI Representative. This should be provided to the treating physician and should be returned to the RSI Representative following the initial medical treatment.

Employee is able to return to modified work

- If the attending physician releases the employee to return to work, as evidenced by completion of a **Release to Return-to-Work** form and **Job Description** form, the form(s) must be returned to the RSI Representative within 24 hours for assignment of light duty/modified work. The employee must report for work at the designated time.
- The **employee cannot return to work without a release** from the attending physician.
- If the employee returns to a transitional/temporary job, the employee must make sure that he or she does not go beyond either the duties of the job or the physician's restrictions. If the employee's restrictions change at any time, he or she must notify his or her RSI Representative at once and give the RSI Representative a copy of the new medical release.

Employee is unable to return to work

- If the employee is unable to report for any kind of work, the employee must call your RSI recruiter at least weekly to report medical status.
- While off work, it is the responsibility of the employee to supply the RSI Representative with a current telephone number (listed or unlisted) and an address where the employee can be reached.
- The employee will notify the RSI Representative within 24 hours of all changes in medical condition.

Employer Responsibilities

Accident Reporting

- The RSI Representative will conduct an accident analysis on all accidents, regardless of whether an injury occurs.
- When an accident occurs which results in an injury requiring **professional medical treatment**, the RSI Representative will forward a completed workers' compensation claim form to the insurance carrier within five (5) calendar days of knowledge of the injury or illness.
- Other information will be forwarded as soon as available, including:
 - Name of the employee's attending physician
 - Completed **Release to Return-to-Work** form from attending physician and medical documentation, if appropriate
 - Completed transitional/modified or regular **Job Description**

- **Temporary/Transitional Job Offer** letter and responses
- The RSI Representative will notify the insurance carrier of any changes in the employee's medical or work status as soon as possible.

Medical treatment and temporary/transitional duty physical condition

- A **Release to Return-to-Work** form and a completed **Job Description** form (if available) will be provided to the employee to take to the attending physician for completion and/or approval.
- At the time of the first medical treatment the **Release to Return-to-Work** form must be completed and returned to the RSI Representative. If one is not, the RSI Representative will request one from the attending physician.
- The completed **Release to Return-to-Work** form will be reviewed by the RSI Representative. The temporary/transitional **Job Description** form will be prepared from the information obtained from the attending physician for review and approval.

Temporary/Transitional Job Offer Letter

- Upon receipt of a signed temporary/transitional **Job Description** form from the attending physician, a written **Job Offer Letter** will be prepared by the RSI Representative. It will be mailed by both regular and certified mail to the employee's last known address or presented to the employee.
- The letter will note the doctor's approval and will explain the job duties, report date, report time, wage, hours, duration of transitional work assignment, phone number, and location of the transitional assignment.
- The employee will be asked to sign the bottom of the **Job Offer Letter** indicating acceptance or refusal of the offered work assignment.
- Copies of the **Job Description, Work Releases, and Job Offer Letters** will be forwarded to the insurance carrier.

Supervisor Responsibilities

- The RSI or client supervisor will monitor the employee's performance to ensure the employee does not exceed the employee's physician release.
- The RSI or client supervisor will monitor the employee's recovery progress through regular contact to assess when and how often duties may be changed. The RSI Representative will assess RSI's ability to adjust work assignments upon receipt of changes in physical capacities.

Return to regular duty

Upon submission of a medical certification that an employee is able to return to work after a workers' compensation leave, the employee under most circumstances will be reinstated to his or her same position held at the time the leave began, or to an equivalent position, if available. An employee returning from a workers' compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on workers' compensation leave would have been laid off had he or she not gone on leave, or if the employee's position has been eliminated or filled in order to avoid undermining RSI's ability to operate safely and efficiently during the leave, and no equivalent or comparable positions are available, then the employee would not be entitled to reinstatement.

An employee's return depends on his or her qualifications for any existing openings. If, after returning from a workers' compensation disability leave, an employee is unable to perform the essential functions of his or her job because of a physical or mental disability, RSI's obligations to

the employee may include reasonable accommodation, as governed by the Americans with Disabilities Act.

The law requires RSI to notify the workers' compensation insurance company of any concerns of false or fraudulent claims.

Company-Provided Physician

RSI provides medical treatment for work-related injuries through a medical provider network, US Healthworks which RSI has chosen to provide medical care to injured employees because of their experience in treating work-related injuries.

Client Property

You may be asked to carry property that belongs to the client (keys, fob, cell phone, laptop, etc.) while you are on the job to facilitate your job duties. If an employee is asked to carry property for the assignment the employee must let the recruiter know. **No employee is permitted to remove property from the jobsite or take property home overnight. When your assignment ends, all property must be returned to our client at the end of the business day.**

Handling of Cash and Money Orders

RSI employees are not allowed to handle cash or money orders for a client under any circumstances. Violation of this policy is grounds for immediate termination.

Computer and Email Usage

Computers, computer files, the email system, and software furnished to employees at a client location are the property of the client and are intended for business use only. Employees should not access personal files, access the internet, check email, visit social media sites, install programs, or download files at any time on a client's computer. Additionally, employees will be responsible for the cost of repair to any equipment on which the employee has downloaded files.

Dress Code

RSI employees should discuss appropriate attire for each assignment with their RSI recruiter. Generally, our customers appreciate a more corporate appearance. For your safety high heels, open toe, or sling back shoes are not permissible for any employee while on assignment.

Smoking

In compliance with state and local laws, the company and client premises, building and entrances are all non-smoking areas. Employees who smoke should take precautions to make sure that the smoke smell does not cling to their clothing, hair, or skin, and that it is not noticeable on their breath.

Please be courteous and concerned about the needs of your fellow employees and others. Employees may only smoke during their rest breaks or meal periods and in designated areas.

Safety Plan Issues

When you arrive at the job site, please ask your site supervisor to see the site's safety rules or a safety policy or plan (as per SB 198) and review these so you will be prepared in case of an emergency.

Phone Numbers

For privacy reasons, do not give your home phone number to the clients; our client must go through RSI to contact you for any reasons.

Personal Phone Calls from Work Site

Use of the telephone at a client location for personal calls is not permitted.

Use of personal cell phones during work hours is prohibited. Personal calls should be restricted to breaks, meal periods, or in an emergency, with the supervisor's permission.

Use of Mail System on Work Site

The mail system at a client location is reserved for business purposes only. Employees should refrain from sending or receiving personal mail at the workplace. Employees will be responsible for the cost of any postage charges incurred.

Personal Emergencies

If a personal emergency arises, please call the RSI office at 650-488-7080.

Business Ethics and Conduct

RSI expects its employees to act in the most ethical of manner while representing the company to a client. Acts of fraud, vandalism or theft (physical or identity) to a client will not be tolerated under any circumstances. Any suspicion of illegal or unethical conduct will be acted upon immediately including possible termination of employment and criminal prosecution.

In addition, RSI maintains a policy of confidentiality and non-disclosure. Confidential information concerning RSI's business, or that of our client's or employees may not be disclosed to third parties or used by you for purposes unrelated to your assignment.

Employees who violate these policies will be subject to disciplinary action, up to and including termination of employment. Additionally, employees will be responsible for the cost of repair to or replacement of any equipment which is damaged or lost by the employee.

General Safety Rules

RSI has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules, and other safety rules that apply to your job.

1. Report an injury to your employer/supervisor and your RSI recruiter immediately.
2. Report any observed unsafe condition to your employer/supervisor.
3. Horseplay is prohibited at all times.
4. The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work.
5. If you do not have current First Aid Training, do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.
6. Appropriate clothing and footwear must be worn on the job at all times.
7. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
8. Learn where fire extinguishers and first aid kits are located.
9. Maintain a general condition of good housekeeping in all work areas at all times.
10. Be alert to hazards that could affect you and your co-employees.

DFEH 185 Department of Fair Employment and Housing *"Sexual Harassment; The Facts About Sexual Harassment"*

DE 2515 State of California EDD *"Disability Insurance Provisions"*

DE 2511 State of California EDD *"Paid Family Leave Benefits"*

DE 2320 State of California EDD *"For Your Benefit: California's Programs for the Unemployed"*

Worker's Compensation *Time of Hire Notice*



The definition of sexual harassment includes many forms of offensive behavior.



Department of Fair Employment and Housing

such as a lead, supervisor, manager or agent;

- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within **one year** of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes.

If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a formal accusation. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission finds that discrimination has occurred, it can order remedies including:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see publication DFEH-159 "Guide for Complainants and Respondents."

For more information, contact DFEH toll free at

(800) 884-1684

Sacramento area & out-of-state at **(916) 478-7200**

TTY number at **(800) 700-2320**

or visit our Web site at www.dfeh.ca.gov

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.



State of California

Department of Fair Employment & Housing

Sexual Harassment

The Facts About Sexual Harassment

The *Fair Employment and Housing Act* (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

Employers' Obligations

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
 - Fully inform the complainant of his/her rights and any obligations to secure those rights.
 - Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
 - Take prompt and effective corrective action if the harassment allegations are proven. The employer must take appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the com-

plainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH -162) in the workplace (available through the DFEH publications line [916] 478-7201 or Web site).

- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**

- All employees should be made aware of the seriousness of violations of the sexual harassment policy and must be cautioned against using peer pressure to discourage harassment victims from complaining.

- Employers who do business in California and employ 50 or more part-time or full-time employees *must* provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

Employer Liability

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a **non-employee** (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the non-employee.

An employer might avoid liability if

- the harasser is not in a position of authority,



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,
and does not have the force and effect of the law,
rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling DI at 1-800-480-3287 (voice), or TTY 1-800-563-2441, or PFL at 1-877-238-4373 or TTY 1-800-445-1312.



DISABILITY INSURANCE PROVISIONS



Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see "Other Programs," for job-related disabilities.)

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance Customer Service at 1-800-480-3287 or EDD Employment Tax Customer Service at 1-888-745-3886.

DI Plans

- **State Plan.** DI's state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, approved by the Director of EDD, which may be substituted for the State Plan. Voluntary plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of the brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.

- **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.

- For additional information or to apply for coverage, contact EDD DI Customer Service at 1-800-480-3287, EDD Employment Tax Customer Service at 1-888-745-3886, or visit our website at www.edd.ca.gov/disability.

February 14, 2014, uses a base period of October 1, 2012, through September 30, 2013.)

- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2014, uses a base period of January 1, 2013, through December 31, 2013.)

- **July, August, or September, your base period is the 12 months ending last March 31.**

(Example: A claim beginning September 27, 2014, uses a base period of April 1, 2013, through March 31, 2014.)

- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2014, uses a base period of July 1, 2013, through June 30, 2014.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- were in the military service.
- received Workers' Compensation benefits.
- did not work because of a labor dispute.

If your situation fits any of the above, include a note with your claim form.

Wage Continuation. If your employer continues to pay you wages while you are disabled, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic

recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are disabled.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time you become disabled.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving Workers' Compensation at a weekly rate equal to or greater than the DI rate. If Workers' Compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.

- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)

- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance

Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

Your Rights. You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.)
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ's decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations. Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.

- Contact DI if you do not understand a question or how to answer it.

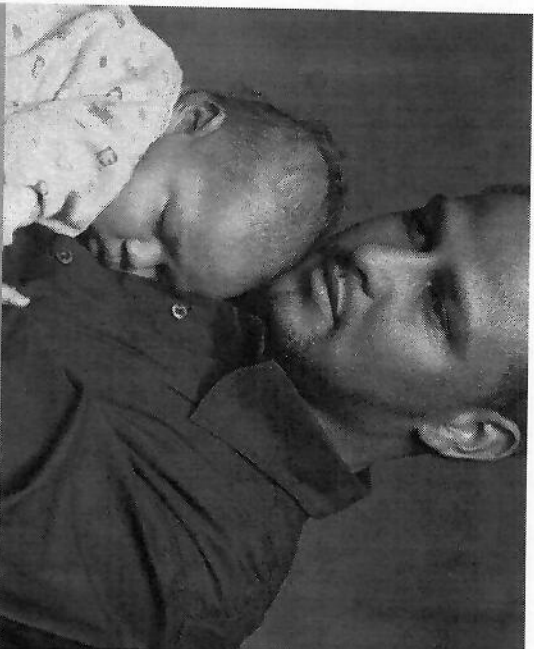
- Include your name and Social Security number on letters to DI.

Contact DI

- By **e-mail** at <https://ask.edd.ca.gov>
- By phone at: 1-800-480-3287 (English) or 1-866-658-8846 (Spanish).
- By **U.S. mail** addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI Office.
- By **TTY** (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- **In person** by visiting any of the DI offices listed under "DI Office Locations."

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer.



Fast Facts About Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers with partial wage replacement when taking time off work to care for a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- Covers employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to six weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.
- PFL benefits are considered taxable income.

Paid Family Leave Benefits

In California, it's the law.

The time to care. 1-877-238-4373

To apply online or for more

information, visit:

www.edd.ca.gov/disability

Phone number: 1-877-238-4373

- Press 1 for English.
- Press 2 for Spanish.
- Press 3 for Cantonese.
- Press 4 for Vietnamese.
- Press 5 for Armenian.
- Press 6 for Tagalog.
- Press 7 for Punjabi.

TTY: 1-800-445-1312

(This number does not accept voice calls).



State of California

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice) or TTY 1-800-445-1312.

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EDD Employment
Development
Department
STATE OF CALIFORNIA

DE 2511 Rev. 10 (1-15)

(INTERNET)



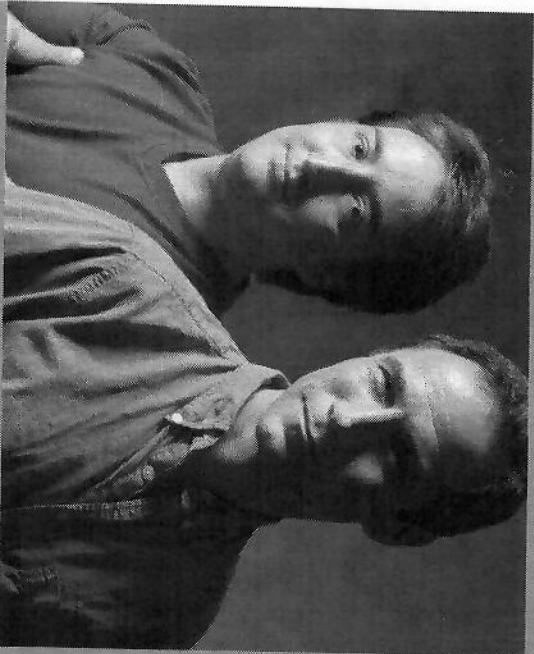
A financial safety net for California workers when the need is there.

Paid Family Leave



Paid Family Leave Benefits for California Workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a newborn or an employee caring for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner, California's Paid Family Leave (PFL) was created for these times. **Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits.



A Program Benefiting You and Your Family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. PFL benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, read the *Disability Insurance (DI) and Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589, at www.edd.ca.gov/disability.

Paid Family Leave for California Employees

PFL benefits do not provide job protection or return rights. Job protection may be provided if your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.

To qualify for PFL benefits, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
- Submit your claim no earlier than nine days, but no later than 49 days, after the first day your family care leave began.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off, if required by your employer, prior to the initial receipt of benefits.
- Serve a seven-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or workers' compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician/practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decisions affecting your benefits.
- Appeal decisions about your eligibility for benefits.
- Appeals must be sent to PFL in writing.
- A hearing of your appeal before an Administrative Law Judge. Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy-information about your claim will be kept confidential except for the purposes allowed by law.



Apply for Benefits

Apply for PFL benefits online at www.edd.ca.gov/disability. Employers and physicians/practitioners can submit claim information through SDI Online. You may also file using a paper form. To request a claim form visit www.edd.ca.gov/disability.

If you are currently receiving DI pregnancy-related benefits, it is not necessary to request a PFL claim form. Claim filing information will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

If you are covered by a voluntary plan, contact your employer to obtain information about your coverage and instructions on how to apply for benefits.

Contact Paid Family Leave

For questions about PFL benefits, please visit www.edd.ca.gov/disability.

Phone number: 1-877-238-4373

- Press 1 for English.
- Press 2 for Spanish.
- Press 3 for Cantonese.
- Press 4 for Vietnamese.
- Press 5 for Armenian.
- Press 6 for Tagalog.
- Press 7 for Punjabi.

TTY: 1-800-445-1312 (This number does not accept voice calls). For more information, visit www.edd.ca.gov/disability. Claim forms should be mailed to PFL at: P.O. Box 997017, Sacramento, CA 95799-7017



FOR YOUR BENEFIT:

CALIFORNIA'S PROGRAMS FOR THE UNEMPLOYED

**UNEMPLOYMENT INSURANCE
DISABILITY INSURANCE
PAID FAMILY LEAVE
WORKFORCE SERVICES**

This pamphlet is for general information only and does not have the force and effect of law, rule, or regulation.

FOR YOUR BENEFIT: CALIFORNIA'S PROGRAMS FOR THE UNEMPLOYED

The purpose of this pamphlet is to inform you about programs offered by the Employment Development Department (EDD) for the benefit of unemployed Californians.

To learn more about services provided by the EDD, access the EDD home page at www.edd.ca.gov. You may submit questions electronically through "Contact EDD" located at the bottom of the EDD home page.

Unemployment Insurance 2
Unemployment Insurance (UI) provides income to workers who become unemployed through no fault of their own and other work is not available.

Disability Insurance 21
Disability Insurance (DI) is a component of the State Disability Insurance (SDI) Program and provides benefits to eligible workers experiencing a loss of wages when they are unable to perform their regular or customary work due to a non-work-related illness or injury, pregnancy or childbirth.

Paid Family Leave 22
Paid Family Leave (PFL) is a component of SDI and provides benefits to individuals unable to work because they need to care for a seriously ill family member or bond with a new minor child.

Workforce Services 23
The EDD's Workforce Services helps job seekers find suitable employment.

UNEMPLOYMENT INSURANCE

Unemployment Insurance (UI) is an insurance program that is paid for by your employer. It provides you with an income when you are out of work through no fault of your own.

WHO SHOULD FILE

You may be eligible to receive UI benefits if you are out of work or your hours are reduced and you are:

- Physically able to work.
- Actively seeking work.
- Able to work and available to accept immediate work.

WHEN TO FILE

You should apply for benefits as soon as you are unemployed or when your hours are reduced. Your claim cannot begin until you file for benefits. The beginning date of your claim will be effective the Sunday of the week that you file your claim. All claims have a one-week, unpaid waiting period.

WHAT YOU NEED TO FILE

To determine if you are eligible to receive UI benefits, you will be asked a variety of questions, such as information about your past employers and the reason you are currently out of work. To ensure your claim is filed as quickly as possible, you should have the following information ready before you file your claim:

- Your name, (including all names you used while working) and Social Security number (SSN).
- Your mailing and residence address (including ZIP code) and telephone number (including area code).
- Last employer information, including: name, address (mailing and physical location), and telephone number. We will also need the ZIP code for both addresses (mailing and physical location), the area code for your last employer's telephone number, and last day worked.
- Information on all employers you worked for during the 18 months prior to filing your claim, including name, period of employment, wages earned, and how you were paid.

- The reason you are no longer working for your last employer. You may have quit, been laid off, fired, or left work because of a trade dispute. Be specific about the reason you are not working because the information you give to us must be sent to your last employer. If you quit, were fired, or left work because of a trade dispute, you will be scheduled to a future telephone interview. The information we obtain during the interview will help us decide your eligibility to receive benefits.
- Your citizenship status and whether you have the legal right to work in the United States. Individuals who indicate they are registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States will be asked for the title of their employment authorization document and information from the USCIS document, such as the alien identification number, card number or expiration date.
- Driver's license number or state-issued identification card number.
- Past work records and dates worked including the names, dates of work, and wages earned for all of your employers for the last 18 months, including employers you worked for in other states.

NOTE: Your last employer's name and address are very important, regardless of how long you worked for this employer or whether this last job was in your usual line of work. List the last employer you worked for no matter how long you worked for this employer and the date you last worked. If you are working part time be sure to tell us you are still working and give us the number of hours you are working each week.

PENALTIES

If you willfully give false information or withhold information to claim benefits, you will be assessed a false statement disqualification by the EDD. A false statement disqualification is a penalty that denies you benefits from 2 to 23 weeks. The penalty stays on your record for three years or until served, whichever comes first. To serve the penalty weeks, you must continue to certify for UI benefits, and be otherwise eligible for benefits each week claimed.

It is illegal to willfully make false statements or knowingly fail to report all facts to receive benefits. Making a false statement or withholding information to receive benefits can be a felony. A person convicted under Section 2101 of the Unemployment Insurance Code will lose the right to collect benefits for 52 weeks. Penalties may include both fines and criminal prosecution.

HOW TO FILE

You may file a UI claim by using **one** of the methods listed below:

- **ONLINE**

File online with eApply4UI. This is the fastest way to file a UI claim! The application is available in English and Spanish, and you can file a new claim, reactivate an existing claim, or file for extended benefits (when these benefits are available) using the eApply4UI application. It is secure, reliable, and available 24 hours a day. Access eApply4UI on the EDD website at <https://eapply4ui.edd.ca.gov>.

- **TELEPHONE**

File by contacting a customer service representative at one of the numbers listed below:

EDD UI Toll-Free Telephone Numbers:

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Cantonese	1-800-547-3506	TTY (Non-voice)	1-800-815-9387

Customer service representatives handle UI claim filing, UI claim information calls, and calls about missed appointments, appeals, and overpayments, Monday through Friday, 8 a.m. to 5 p.m., Pacific Standard Time. Mondays and Tuesdays are the busiest days. For faster service, you may wish to call Wednesday through Friday. However, to file a claim you must call by Friday of the week in which you become unemployed or there is a reduction in your work hours to receive credit for that week. The EDD is closed on state and federal holidays.

The Interactive Voice Response (IVR) System provides general information 24 hours a day and information about your UI payments Monday through Saturday, 6 a.m. until midnight, and Sunday from 6 a.m. to 9 p.m., Pacific Standard Time. The UI payment information includes the date your last payment was issued, the amount paid, and period of time paid. To access your payment information you will be asked to enter your SSN and Personal Identification Number (PIN), on your telephone keypad. You will need to establish a PIN the first time you use the IVR to access your payment information. The EDD's IVR System provides step-by-step instructions to guide you to services you want, in English and Spanish. **For faster access to payment information, call the EDD Automated Self-Service, toll-free number at 1-866-333-4606, 24 hours a day, 7 days a week, including holidays.**

- **MAIL OR FAX**

File a UI application by mail or fax by accessing the application online at www.edd.ca.gov/Unemployment. The application for UI can be filled out online and printed, or printed and completed by hand. Mail or fax your UI application to an EDD office for processing using the address listed.

FRAUD PREVENTION AND DETECTION

The EDD recognizes your concerns about imposter fraud and the threat of identity theft. Imposter fraud occurs when someone intentionally files a UI claim using another person's employment or personal information. The EDD actively investigates cases of imposter fraud and is committed to protecting the identities of legitimate claimants. If you file a UI claim and there is reason to suspect the UI claim may have identity or imposter issues, you may receive a *Request for Identity Verification* (DE 1326C) requesting you to validate the information provided when you filed for UI benefits. The EDD will also contact employer(s) and governmental entities to verify the documents and any information you supply.

For more information about what steps you can take to protect your identity and prevent imposter fraud, download the *Protect Your Identity and Stop Unemployment Insurance Imposter Fraud* (DE 2360EE) brochure from the EDD website at www.edd.ca.gov/pdf_pub_ctr/de2360ee.pdf.

To report UI fraud, submit a Fraud Reporting Form online from the EDD website at <https://eapply4ui.edd.ca.gov/eddcmm/frmFraudStart.htm>, and select the Category "Reporting Fraud," or call the EDD toll-free Fraud Hotline at 1-800-229-6297.

TYPES OF CLAIMS

The claim you file will depend on the type of employer you worked for and where you worked.

You will file:

- A regular California claim if you worked in California in a job covered by the UI law even if you now reside outside California.
- A federal claim if your employment was in civilian work for the federal government (benefit costs are paid from federal funds).
- A military claim if your employment was as a member of the Armed Forces (benefit costs are paid from federal funds).
- A combined wage claim if you have earnings in two or more states during the last 18 months. This type of claim could increase your UI benefits.
- An interstate claim against another state if you worked and had earnings in a state other than California during the last 18 months, but you now reside in California. You may contact the other state, the District of Columbia, Puerto Rico, or Canada directly by telephone or on the Internet to file your claim against them. If you worked in Delaware, Massachusetts, or the Virgin Islands, contact California's toll-free number to file your interstate claim against them.

BEGINNING DATE OF CLAIM

The benefit year of your claim begins on the Sunday of the week in which you file and ends Saturday, 52 weeks after you filed. During the benefit year of the claim you may certify for benefits on a biweekly basis and be paid UI benefits, if you are otherwise eligible. You will be paid unless you stop certifying for benefits for whatever reason or until the balance runs out, or the benefit year on the claim ends, or until you no longer meet all UI eligibility criteria, whichever comes first. You cannot file another new California claim until the benefit year of the claim ends, even if you have received all of your benefits and are still unemployed. If you have worked in another state during the last 18 months you may be entitled to a new claim in that state.

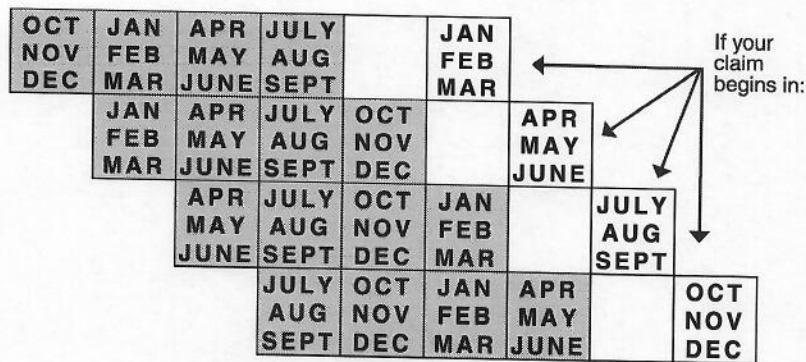
HOW YOUR UI BENEFITS ARE DETERMINED

Your UI weekly benefit, called the Weekly Benefit Amount and the total benefits available in your claim, called your Maximum Benefit Amount, are both based on the wages you earned in the base period of your claim. Your base period is a 12-month period of time. Each base period has four quarters of three months each. There are two types of base periods that may be used to establish a claim: The **Standard Base Period** and the **Alternate Base Period**. For more information regarding the two types of base periods, see the following explanations.

Standard Base Period

The **Standard Base Period** is the **FIRST** four of the last five completed calendar quarters prior to the beginning date of the claim.

For information on what your **Standard** Base Period may be when you file your claim, refer to the chart below. The shaded area represents the base period. The non-shaded area represents the month when the claim is filed.

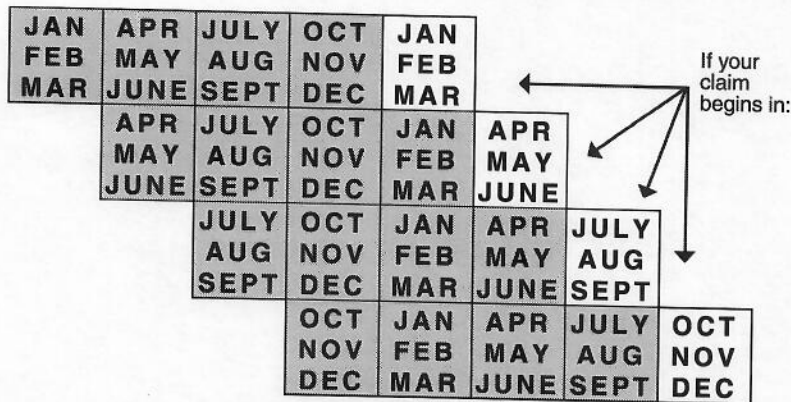


Alternate Base Period

If you do not have sufficient wages in the Standard Base Period to establish a claim, the EDD will consider whether you qualify to file a claim using the Alternate Base Period. The Alternate Base Period can **only** be used to file a UI claim when there are not enough wages earned in the Standard Base Period to file a monetarily valid UI claim.

The **Alternate Base Period** is the **LAST** four completed calendar quarters prior to the beginning date of the claim.

For information on what your **Alternate** Base Period* may be when you file your claim, refer to the chart below. The shaded area represents the base period. The non-shaded area represents the month when the claim is filed.



***A claim can only be filed using the Alternate Base Period when there are not enough wages earned in the Standard Base Period to file a valid claim.**

How Much UI Pays

For your claim to be valid, you must have at least \$1,300 in earnings in one quarter of your base period or at least \$900 in earnings in the highest quarter and total base period earnings of 1.25 times your high quarter earnings. You can receive a minimum of \$40 to a maximum of \$450 a week. The quarter in which you were paid the highest wages determines the weekly benefit amount you will receive. The Maximum Benefit Amount is 26 times the weekly benefit amount or one-half of the total base period wages, whichever is less. The following table will help you figure your award:

**Unemployment Insurance Benefit Table
For New Claims With a Beginning Date of January 2, 2005 or After**

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 900.00 - 948.99 ... \$ 40		\$ 2,210.01 - 2,236.00	\$86	\$ 3,406.01 - 3,432.00 ...	\$132
949.00 - 974.99	41	2,236.01 - 2,262.00	87	3,432.01 - 3,458.00	133
975.00 - 1,000.99	42	2,262.01 - 2,288.00	88	3,458.01 - 3,484.00	134
1,001.00 - 1,026.99	43	2,288.01 - 2,314.00	89	3,484.01 - 3,510.00	135
1,027.00 - 1,052.99	44	2,314.01 - 2,340.00	90	3,510.01 - 3,536.00	136
1,053.00 - 1,078.99	45	2,340.01 - 2,366.00	91	3,536.01 - 3,562.00	137
1,079.00 - 1,117.99	46	2,366.01 - 2,392.00	92	3,562.01 - 3,588.00	138
1,118.00 - 1,143.99	47	2,392.01 - 2,418.00	93	3,588.01 - 3,614.00	139
1,144.00 - 1,169.99	48	2,418.01 - 2,444.00	94	3,614.01 - 3,640.00	140
1,170.00 - 1,195.99	49	2,444.01 - 2,470.00	95	3,640.01 - 3,666.00	141
1,196.00 - 1,221.99	50	2,470.01 - 2,496.00	96	3,666.01 - 3,692.00	142
1,222.00 - 1,247.99	51	2,496.01 - 2,522.00	97	3,692.01 - 3,718.00	143
1,248.00 - 1,286.99	52	2,522.01 - 2,548.00	98	3,718.01 - 3,744.00	144
1,287.00 - 1,312.99	53	2,548.01 - 2,574.00	99	3,744.01 - 3,770.00	145
1,313.00 - 1,338.99	54	2,574.01 - 2,600.00	100	3,770.01 - 3,796.00	146
1,339.00 - 1,364.99	55	2,600.01 - 2,626.00	101	3,796.01 - 3,822.00	147
1,365.00 - 1,403.99	56	2,626.01 - 2,652.00	102	3,822.01 - 3,848.00	148
1,404.00 - 1,429.99	57	2,652.01 - 2,678.00	103	3,848.01 - 3,874.00	149
1,430.00 - 1,455.99	58	2,678.01 - 2,704.00	104	3,874.01 - 3,900.00	150
1,456.00 - 1,494.99	59	2,704.01 - 2,730.00	105	3,900.01 - 3,926.00	151
1,495.00 - 1,520.99	60	2,730.01 - 2,756.00	106	3,926.01 - 3,952.00	152
1,521.00 - 1,546.99	61	2,756.01 - 2,782.00	107	3,952.01 - 3,978.00	153
1,547.00 - 1,585.99	62	2,782.01 - 2,808.00	108	3,978.01 - 4,004.00	154
1,586.00 - 1,611.99	63	2,808.01 - 2,834.00	109	4,004.01 - 4,030.00	155
1,612.00 - 1,637.99	64	2,834.01 - 2,860.00	110	4,030.01 - 4,056.00	156
1,638.00 - 1,676.99	65	2,860.01 - 2,886.00	111	4,056.01 - 4,082.00	157
1,677.00 - 1,702.99	66	2,886.01 - 2,912.00	112	4,082.01 - 4,108.00	158
1,703.00 - 1,741.99	67	2,912.01 - 2,938.00	113	4,108.01 - 4,134.00	159
1,742.00 - 1,767.99	68	2,938.01 - 2,964.00	114	4,134.01 - 4,160.00	160
1,768.00 - 1,806.99	69	2,964.01 - 2,990.00	115	4,160.01 - 4,186.00	161
1,807.00 - 1,832.99	70	2,990.01 - 3,016.00	116	4,186.01 - 4,212.00	162
1,833.00 - 1,846.00	71	3,016.01 - 3,042.00	117	4,212.01 - 4,238.00	163
1,846.01 - 1,872.00	72	3,042.01 - 3,068.00	118	4,238.01 - 4,264.00	164
1,872.01 - 1,898.00	73	3,068.01 - 3,094.00	119	4,264.01 - 4,290.00	165
1,898.01 - 1,924.00	74	3,094.01 - 3,120.00	120	4,290.01 - 4,316.00	166
1,924.01 - 1,950.00	75	3,120.01 - 3,146.00	121	4,316.01 - 4,342.00	167
1,950.01 - 1,976.00	76	3,146.01 - 3,172.00	122	4,342.01 - 4,368.00	168
1,976.01 - 2,002.00	77	3,172.01 - 3,198.00	123	4,368.01 - 4,394.00	169
2,002.01 - 2,028.00	78	3,198.01 - 3,224.00	124	4,394.01 - 4,420.00	170
2,028.01 - 2,054.00	79	3,224.01 - 3,250.00	125	4,420.01 - 4,446.00	171
2,054.01 - 2,080.00	80	3,250.01 - 3,276.00	126	4,446.01 - 4,472.00	172
2,080.01 - 2,106.00	81	3,276.01 - 3,302.00	127	4,472.01 - 4,498.00	173
2,106.01 - 2,132.00	82	3,302.01 - 3,328.00	128	4,498.01 - 4,524.00	174
2,132.01 - 2,158.00	83	3,328.01 - 3,354.00	129	4,524.01 - 4,550.00	175
2,158.01 - 2,184.00	84	3,354.01 - 3,380.00	130	4,550.01 - 4,576.00	176
2,184.01 - 2,210.00	85	3,380.01 - 3,406.00	131	4,576.01 - 4,602.00	177

**Unemployment Insurance Benefit Table
For New Claims With a Beginning Date of January 2, 2005 or After**

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 4,602.01 - 4,628.00 ...	\$178	\$ 5,798.01 - 5,824.00 ...	\$224	\$ 6,994.01 - 7,020.00 ...	\$270
4,628.01 - 4,654.00	179	5,824.01 - 5,850.00	225	7,020.01 - 7,046.00	271
4,654.01 - 4,680.00	180	5,850.01 - 5,876.00	226	7,046.01 - 7,072.00	272
4,680.01 - 4,706.00	181	5,876.01 - 5,902.00	227	7,072.01 - 7,098.00	273
4,706.01 - 4,732.00	182	5,902.01 - 5,928.00	228	7,098.01 - 7,124.00	274
4,732.01 - 4,758.00	183	5,928.01 - 5,954.00	229	7,124.01 - 7,150.00	275
4,758.01 - 4,784.00	184	5,954.01 - 5,980.00	230	7,150.01 - 7,176.00	276
4,784.01 - 4,810.00	185	5,980.01 - 6,006.00	231	7,176.01 - 7,202.00	277
4,810.01 - 4,836.00	186	6,006.01 - 6,032.00	232	7,202.01 - 7,228.00	278
4,836.01 - 4,862.00	187	6,032.01 - 6,058.00	233	7,228.01 - 7,254.00	279
4,862.01 - 4,888.00	188	6,058.01 - 6,084.00	234	7,254.01 - 7,280.00	280
4,888.01 - 4,914.00	189	6,084.01 - 6,110.00	235	7,280.01 - 7,306.00	281
4,914.01 - 4,940.00	190	6,110.01 - 6,136.00	236	7,306.01 - 7,332.00	282
4,940.01 - 4,966.00	191	6,136.01 - 6,162.00	237	7,332.01 - 7,358.00	283
4,966.01 - 4,992.00	192	6,162.01 - 6,188.00	238	7,358.01 - 7,384.00	284
4,992.01 - 5,018.00	193	6,188.01 - 6,214.00	239	7,384.01 - 7,410.00	285
5,018.01 - 5,044.00	194	6,214.01 - 6,240.00	240	7,410.01 - 7,436.00	286
5,044.01 - 5,070.00	195	6,240.01 - 6,266.00	241	7,436.01 - 7,462.00	287
5,070.01 - 5,096.00	196	6,266.01 - 6,292.00	242	7,462.01 - 7,488.00	288
5,096.01 - 5,122.00	197	6,292.01 - 6,318.00	243	7,488.01 - 7,514.00	289
5,122.01 - 5,148.00	198	6,318.01 - 6,344.00	244	7,514.01 - 7,540.00	290
5,148.01 - 5,174.00	199	6,344.01 - 6,370.00	245	7,540.01 - 7,566.00	291
5,174.01 - 5,200.00	200	6,370.01 - 6,396.00	246	7,566.01 - 7,592.00	292
5,200.01 - 5,226.00	201	6,396.01 - 6,422.00	247	7,592.01 - 7,618.00	293
5,226.01 - 5,252.00	202	6,422.01 - 6,448.00	248	7,618.01 - 7,644.00	294
5,252.01 - 5,278.00	203	6,448.01 - 6,474.00	249	7,644.01 - 7,670.00	295
5,278.01 - 5,304.00	204	6,474.01 - 6,500.00	250	7,670.01 - 7,696.00	296
5,304.01 - 5,330.00	205	6,500.01 - 6,526.00	251	7,696.01 - 7,722.00	297
5,330.01 - 5,356.00	206	6,526.01 - 6,552.00	252	7,722.01 - 7,748.00	298
5,356.01 - 5,382.00	207	6,552.01 - 6,578.00	253	7,748.01 - 7,774.00	299
5,382.01 - 5,408.00	208	6,578.01 - 6,604.00	254	7,774.01 - 7,800.00	300
5,408.01 - 5,434.00	209	6,604.01 - 6,630.00	255	7,800.01 - 7,826.00	301
5,434.01 - 5,460.00	210	6,630.01 - 6,656.00	256	7,826.01 - 7,852.00	302
5,460.01 - 5,486.00	211	6,656.01 - 6,682.00	257	7,852.01 - 7,878.00	303
5,486.01 - 5,512.00	212	6,682.01 - 6,708.00	258	7,878.01 - 7,904.00	304
5,512.01 - 5,538.00	213	6,708.01 - 6,734.00	259	7,904.01 - 7,930.00	305
5,538.01 - 5,564.00	214	6,734.01 - 6,760.00	260	7,930.01 - 7,956.00	306
5,564.01 - 5,590.00	215	6,760.01 - 6,786.00	261	7,956.01 - 7,982.00	307
5,590.01 - 5,616.00	216	6,786.01 - 6,812.00	262	7,982.01 - 8,008.00	308
5,616.01 - 5,642.00	217	6,812.01 - 6,838.00	263	8,008.01 - 8,034.00	309
5,642.01 - 5,668.00	218	6,838.01 - 6,864.00	264	8,034.01 - 8,060.00	310
5,668.01 - 5,694.00	219	6,864.01 - 6,890.00	265	8,060.01 - 8,086.00	311
5,694.01 - 5,720.00	220	6,890.01 - 6,916.00	266	8,086.01 - 8,112.00	312
5,720.01 - 5,746.00	221	6,916.01 - 6,942.00	267	8,112.01 - 8,138.00	313
5,746.01 - 5,772.00	222	6,942.01 - 6,968.00	268	8,138.01 - 8,164.00	314
5,772.01 - 5,798.00	223	6,968.01 - 6,994.00	269	8,164.01 - 8,190.00	315

**Unemployment Insurance Benefit Table
For New Claims With a Beginning Date of January 2, 2005 or After**

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 8,190.01 - 8,216.00 ...	\$316	\$ 9,386.01 - 9,412.00 ...	\$362	\$10,582.01 - 10,608.00 ...	\$408
8,216.01 - 8,242.00	317	9,412.01 - 9,438.00	363	10,608.01 - 10,634.00	409
8,242.01 - 8,268.00	318	9,438.01 - 9,464.00	364	10,634.01 - 10,660.00	410
8,268.01 - 8,294.00	319	9,464.01 - 9,490.00	365	10,660.01 - 10,686.00	411
8,294.01 - 8,320.00	320	9,490.01 - 9,516.00	366	10,686.01 - 10,712.00	412
8,320.01 - 8,346.00	321	9,516.01 - 9,542.00	367	10,712.01 - 10,738.00	413
8,346.01 - 8,372.00	322	9,542.01 - 9,568.00	368	10,738.01 - 10,764.00	414
8,372.01 - 8,398.00	323	9,568.01 - 9,594.00	369	10,764.01 - 10,790.00	415
8,398.01 - 8,424.00	324	9,594.01 - 9,620.00	370	10,790.01 - 10,816.00	416
8,424.01 - 8,450.00	325	9,620.01 - 9,646.00	371	10,816.01 - 10,842.00	417
8,450.01 - 8,476.00	326	9,646.01 - 9,672.00	372	10,842.01 - 10,868.00	418
8,476.01 - 8,502.00	327	9,672.01 - 9,698.00	373	10,868.01 - 10,894.00	419
8,502.01 - 8,528.00	328	9,698.01 - 9,724.00	374	10,894.01 - 10,920.00	420
8,528.01 - 8,554.00	329	9,724.01 - 9,750.00	375	10,920.01 - 10,946.00	421
8,554.01 - 8,580.00	330	9,750.01 - 9,776.00	376	10,946.01 - 10,972.00	422
8,580.01 - 8,606.00	331	9,776.01 - 9,802.00	377	10,972.01 - 10,998.00	423
8,606.01 - 8,632.00	332	9,802.01 - 9,828.00	378	10,998.01 - 11,024.00	424
8,632.01 - 8,658.00	333	9,828.01 - 9,854.00	379	11,024.01 - 11,050.00	425
8,658.01 - 8,684.00	334	9,854.01 - 9,880.00	380	11,050.01 - 11,076.00	426
8,684.01 - 8,710.00	335	9,880.01 - 9,906.00	381	11,076.01 - 11,102.00	427
8,710.01 - 8,736.00	336	9,906.01 - 9,932.00	382	11,102.01 - 11,128.00	428
8,736.01 - 8,762.00	337	9,932.01 - 9,958.00	383	11,128.01 - 11,154.00	429
8,762.01 - 8,788.00	338	9,958.01 - 9,984.00	384	11,154.01 - 11,180.00	430
8,788.01 - 8,814.00	339	9,984.01 - 10,010.00	385	11,180.01 - 11,206.00	431
8,814.01 - 8,840.00	340	10,010.01 - 10,036.00	386	11,206.01 - 11,232.00	432
8,840.01 - 8,866.00	341	10,036.01 - 10,062.00	387	11,232.01 - 11,258.00	433
8,866.01 - 8,892.00	342	10,062.01 - 10,088.00	388	11,258.01 - 11,284.00	434
8,892.01 - 8,918.00	343	10,088.01 - 10,114.00	389	11,284.01 - 11,310.00	435
8,918.01 - 8,944.00	344	10,114.01 - 10,140.00	390	11,310.01 - 11,336.00	436
8,944.01 - 8,970.00	345	10,140.01 - 10,166.00	391	11,336.01 - 11,362.00	437
8,970.01 - 8,996.00	346	10,166.01 - 10,192.00	392	11,362.01 - 11,388.00	438
8,996.01 - 9,022.00	347	10,192.01 - 10,218.00	393	11,388.01 - 11,414.00	439
9,022.01 - 9,048.00	348	10,218.01 - 10,244.00	394	11,414.01 - 11,440.00	440
9,048.01 - 9,074.00	349	10,244.01 - 10,270.00	395	11,440.01 - 11,466.00	441
9,074.01 - 9,100.00	350	10,270.01 - 10,296.00	396	11,466.01 - 11,492.00	442
9,100.01 - 9,126.00	351	10,296.01 - 10,322.00	397	11,492.01 - 11,518.00	443
9,126.01 - 9,152.00	352	10,322.01 - 10,348.00	398	11,518.01 - 11,544.00	444
9,152.01 - 9,178.00	353	10,348.01 - 10,374.00	399	11,544.01 - 11,570.00	445
9,178.01 - 9,204.00	354	10,374.01 - 10,400.00	400	11,570.01 - 11,596.00	446
9,204.01 - 9,230.00	355	10,400.01 - 10,426.00	401	11,596.01 - 11,622.00	447
9,230.01 - 9,256.00	356	10,426.01 - 10,452.00	402	11,622.01 - 11,648.00	448
9,256.01 - 9,282.00	357	10,452.01 - 10,478.00	403	11,648.01 - 11,674.00	449
9,282.01 - 9,308.00	358	10,478.01 - 10,504.00	404	11,674.01 - and over	450
9,308.01 - 9,334.00	359	10,504.01 - 10,530.00	405		
9,334.01 - 9,360.00	360	10,530.01 - 10,556.00	406		
9,360.01 - 9,386.00	361	10,556.01 - 10,582.00	407		

WAITING PERIOD

The first week after you file your claim is normally the waiting period and benefits cannot be paid for that week.

Do not wait to file because the waiting period is not paid. The waiting period cannot begin until the claim is filed and you certify for the waiting period week.

In order to serve a waiting period, you must certify for benefits using one of the following methods: EDD Web-CertSM, EDD Tele-CertSM, or submit a paper *Continued Claim Form*, DE 4581.

EDD Web-CertSM is an online method which allows you to certify for your UI benefits on a biweekly basis through the EDD website at www.edd.ca.gov. For more information on EDD Web-CertSM, visit http://www.edd.ca.gov/pdf_pub_ctr/de2334.pdf.

EDD Tele-CertSM allows you to certify for your UI benefits on a biweekly basis over the phone by calling the toll-free EDD Automated Self-Service number, 1-866-333-4606, and using the automated Interactive Voice Response (IVR) system, or submitting a paper *Continued Claim Form*, DE 4581. For more information on EDD Tele-CertSM, visit http://www.edd.ca.gov/pdf_pub_ctr/de2335.pdf.

PAYMENTS

- You must meet UI eligibility requirements.
- In order to show you meet the eligibility requirement, you must certify for benefits using one of the following methods: through the Internet using EDD Web-CertSM, by telephone using EDD Tele-CertSM, or by submitting a paper *Continued Claim Form*, DE 4581.
- Payments are issued after you certify for benefits using one of the three methods of certification.
- No payments are made in advance.
- The first payment on a new California claim will usually be issued within three weeks after filing.
- For interstate claims, first payment will be issued about three to four weeks after the other state receives your claim.

- You will normally be paid by mail every two weeks. A new EDD Debit CardSM is issued when your first UI payment is issued. The card is valid for three years. Subsequent benefit payments are issued to the same card.

Eligibility requirements for UI benefits have not changed and claimants must continue to meet all eligibility requirements in order to receive payment. For more information on the EDD Debit CardSM, visit the website at www.edd.ca.gov/Unemployment.

REPORTING EARNINGS

Report all income you receive, whether you worked in that week or not. Some types of income to report are:

Piece work	Vacation pay
Idle time pay	In-lieu-of-notice pay
Jury fees	Bonuses
Commissions	Tips
Witness fees	Self-employment income
Reuse pay	Strike benefits/Picket pay
Holiday pay	Stand-by-pay
Holding Fees	Bereavement pay
Residuals (ask for form DE 4005)	Back-pay award
Paid sick leave	Workers' Compensation
Pension, retirement, annuity	

NOTE: You must report board, lodging, meals, or any other payment you receive instead of money when you work. If you are unsure about how to report wages, contact the EDD.

PART-TIME WORK

If you work less than full time, you may still be eligible for UI benefits. The first \$25 or 25 percent of your gross total earnings for the week (whichever is greater) will not be counted. The amount remaining will be deducted from your weekly benefit amount. For example:

Your weekly benefit amount is \$50. You earn \$30. You must report the \$30, however, the first \$25 is not counted, leaving \$5 to deduct. You receive \$45 (\$50 minus \$5).

Your weekly benefit amount is \$115. You work less than full time and earn \$124. You must report the \$124; however, the first \$31 (25 percent of \$124) is not counted, leaving \$93 to deduct. You receive \$22 (\$115 minus \$93).

If you receive any type of payment from a former employer and do not know if you should report the payment, contact the EDD and ask. You can also report the payment and give an explanation on your claim form. The EDD will determine whether or not the payments are deductible.

ELIGIBILITY

When you file a UI claim, the EDD will ask you a number of questions to determine your eligibility to receive benefits. Your eligibility for UI benefits is based upon the reason you are no longer working for your last employer. If you are laid off, you are considered to be out of work through no fault of your own. If you quit your last job or if you were discharged, the EDD will need to determine if you left work for compelling reasons or if you were let go from work for reasons other than willful misconduct. If it is determined you are out of work through no fault of your own, you must meet continuing eligibility. When you certify for weekly benefits, each week you will be asked eligibility questions. When it appears that you may not meet the eligibility requirements of the law, you will receive a written notification of the date and time for a determination interview with the EDD. For some eligibility issues, you may be mailed a request for written information instead of being scheduled for a telephone interview.

EMPLOYER NOTIFICATION

Your last employer is notified when you file a claim. Also, any employer who contributed to your unemployment claim is notified when you are issued your first UI payment. An employer is required by law to furnish the EDD any information affecting your right to receive benefits. Unemployment Insurance benefits are paid for by employers' taxes that they pay on their employees' wages. Employees do **NOT** pay UI taxes because it is an employer-financed program.

VERIFICATION OF SOCIAL SECURITY NUMBER

The EDD may require you to verify your Social Security number (SSN) as being the one issued to you by the Social Security Administration (SSA).

Your eligibility for benefits may be affected if the information available to the EDD indicates any of the following:

- The SSN presented may belong to another individual.
- The SSN is not valid.
- The SSN was never issued by the SSA.

- The wages shown in the base period of the claim may belong to another individual.

Some of the most common errors associated with SSNs are:

- The SSN being used is incorrect. You may have forgotten the number or transposed the number when you provided it to your employer.
- The name at the SSA is different than the one you used to file your claim. You may have changed your name and not notified the SSA.
- The date of birth at the SSA is different than the date of birth you gave when you filed your claim.

If the EDD requires you to verify your SSN, you must submit verification from the SSA that the SSN you used to file your claim is assigned to you, or you may submit to the EDD a copy of your annual statement issued to you by the SSA. A copy of your Social Security card **will not** satisfy this requirement.

The location of your nearest SSA office can be found on the SSA website at <http://www.ssa.gov/reach.htm>, or in your local telephone book in the federal government listings under "Social Security Administration."

TELEPHONE INTERVIEWS

Eligibility Issues

The EDD will contact you when there is a question regarding your eligibility if you:

- Quit your last job.
- Were fired from your last job.
- Are out of work due to a lockout or a strike.
- Quit, or are not able to work due to lack of child care.
- Are unable to work during normal working hours due to illness or injury.
- Are attending school during normal working hours.
- Did not have transportation.

- Did not look for work.
- Worked and/or earned wages that may reduce your UI benefits.
- Are receiving a pension.
- Are receiving workers' compensation.
- Mailed in a claim form late.
- Certify late using EDD Web-CertSM or EDD Tele-CertSM.
- Requested to have the beginning date of your claim backdated.
- Refused a job.
- Gave incorrect information or withheld information.
- Failed to participate in re-employment services.
- Are a school employee filing a claim during a school recess.
- Are a professional athlete filing a claim during the off season.

Telephone Interview/Contact by Mail

To resolve eligibility issues, the EDD will schedule you for a telephone interview or contact you by mail for additional information. Failure to be available for a scheduled determination interview or failure to respond to the EDD request for information may result in a denial of UI benefits. If you are scheduled for a telephone interview, the EDD will mail you a notice advising you of the date and time the telephone interview will take place. An EDD interviewer will call you during this scheduled interview time. You have the right to request more time if you need to get more information, contact witnesses, or obtain the advice of a representative. If the eligibility involves an employer, the EDD interviewer may contact the employer for additional information.

The EDD interviewer will ask you questions, document the information gathered, and make a decision of eligibility.

If you are sent a written request for information and you respond by mail, the EDD interviewer will use the information provided by you to make a decision of eligibility.

If you are eligible, your payment will be authorized on the EDD Debit CardSM. If UI benefits are denied, you will be mailed a disqualification notice. The notice advises you of the reason for our decision and gives you appeal rights.

IMPORTANT: If the EDD schedules a telephone interview, or mails you a written request for information, you must continue to certify for benefits by submitting your weekly paper *Continued Claim Form*, DE 4581, or by using EDD Web-CertSM online, or EDD Tele-CertSM by telephone. If you are determined to be eligible for UI benefits, we cannot issue you a payment until you certify for the week.

APPEALS

You or the employer has 20 calendar days to appeal after a written notice is issued to you. Your appeal must be in writing and should state the reasons for your appeal. If you miss the 20-day deadline, you may still appeal but you must show good cause for the delay.

Before the hearing, you have the right to review all records affecting the appeal. For your appeal, you may represent yourself or you may be represented by someone else such as a union official, an attorney, or anyone else you select.

Your appeal hearing is heard by an independent administrative law judge. The hearings are informal but all testimony is taken under oath and is subject to cross-examination. You will be notified when and where the hearing will be held.

If you are not satisfied with the administrative law judge's decision, you may appeal to the California Unemployment Insurance Appeals Board.

Your rights to further appeal will be explained in the written decision that will be mailed to you.

When the appeal is pending, you must still continue to certify for UI benefits by submitting your weekly paper *Continued Claim Form*, DE 4581, or by using the EDD Web-CertSM, or EDD Tele-CertSM for any weeks you wish to receive UI benefits.

CANCELLING A CLAIM

You have the option of cancelling a regular California UI claim after you have been mailed your UNEMPLOYMENT INSURANCE AWARD notice. You can only cancel a UI claim if no benefits have been paid, no notice of disqualification has been mailed to you, and/or no overpayment has

been established on the claim. If a claim is cancelled, that claim cannot be reopened, but you can file a new claim with a later date. If the original claim is not cancelled, another California claim cannot be filed for 52 weeks.

REQUESTING COPIES OF YOUR UNEMPLOYMENT INSURANCE DOCUMENTS

If, for personal business reasons, you need copies of UI claim documents, contact the EDD.

WORKERS NOT COVERED

The following groups of workers are not normally covered by UI:

- Elected officials.
- Self-employed.
- Parents enrolled and regularly attending classes at the school or education institution where employed.
- A student's spouse who is working for an educational institution in an employment program provided for the purpose of financially aiding the student.
- Parents employed by their children.
- Husbands and wives employed by each other.
- Certain state-licensed salespersons paid only commissions.
- Caddies and jockeys.

If you do not know whether you are covered, do not waive your rights. Contact the EDD for more information.

ELECTIVE COVERAGE

Employers who employ individuals whose services are excluded from covered employment may, under certain conditions, elect to cover those services. If you are not sure whether you are eligible for these benefits, you should contact the EDD.

PENSION OR RETIREMENT PAY

Your UI benefits may be affected if you are receiving a pension, retirement pay, annuity, or other similar payment based on your previous work. Your right to benefits will be determined by the EDD after your claim is filed.

CHILD SUPPORT OBLIGATIONS

Your UI benefits may be affected if you are required to pay child support payments to a court, District Attorney's office, or other child support enforcement agency. Your entitlement to benefits will be determined after your claim is filed.

EXTENDED BENEFITS

Extended benefits only become available when the insured unemployment rate equals or exceeds a certain percentage established by state and/or federal law or when the federal government approves special extended benefit legislation.

Generally, to be eligible for extended benefits you must have received all the benefits payable on your last regular claim. In addition, you must meet all eligibility criteria. You cannot establish an extended benefit claim if you can file another valid claim under any state or federal law.

TAXATION OF BENEFITS

The Federal Tax Reform Act of 1986 provides for federal taxation of all Unemployment Insurance benefits received after December 31, 1986. You may request that federal income taxes be withheld from your UI benefit payment. You will be given the option on each claim form. Your choice remains in effect only until you send in your next claim form. The option is strictly voluntary; you are not required to have taxes withheld from your benefits. The EDD will provide an annual statement, DE 1099, to each individual that shows total benefits paid and total federal taxes withheld during the year. The EDD will mail you the 1099G form that states the amount of benefits paid to you during the previous year. The 1099G form should arrive by January 31. If you do not receive the 1099G form, you may request a duplicate by calling 1-866-401-2849. Individuals who may owe income tax must pay any amounts due upon filing their tax returns. If you have any questions regarding your tax liability, contact the Internal Revenue Service.

SPECIAL PROGRAMS

- **California Training Benefits (CTB):** This program allows eligible UI recipients to retrain for new occupations while receiving their benefits. Individuals approved for CTB training do not have to: look for work, be available for work, or accept suitable work.

To continue to receive weekly UI benefits while you attend retraining, your training must be approved by the EDD for the CTB program. Training you select on your own or that is authorized by the Workforce Investment Act

(WIA), Employment Training Panel (ETP), CalWORKs, or Trade Adjustment Assistance programs may be approved for the CTB program if you are otherwise eligible for UI benefits. Your training may also be approved if the training provider and program which you choose is on the state's Eligible Training Provider List (ETPL) or if you are a journey-level union member taking needed training for your industry which has been approved by your union.

- **Training Extension Claims:** An extension of CTB training benefits may be available beyond your regular UI claim while you are in approved training. To be eligible for extended training benefits, you **must** ask for information about CTB or apply for CTB training approval **with the EDD** no later than the **16th week** of UI benefits paid. If your UI claim award is 16 weeks or less, you must ask for information or apply before you receive the **last** UI benefit payment. To file an extended training benefits claim, call the EDD or file online by visiting the EDD website at www.edd.ca.gov.

You may be approved for CTB if you meet all other UI eligibility criteria and you meet one of the following if your training is authorized and verifiable by one of the subsequent state or federal programs:

- Workforce Investment Act (WIA)
- Employment Training Panel (ETP)
- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Trade Adjustment Assistance funded training

You may also be approved for CTB if you select your own training program and the training is approved by the EDD. If approved for CTB, you will continue to receive UI benefits while you are in training.

More information about the CTB program can be found on the "California Training Benefits Program - Fact Sheet" on the website at www.edd.ca.gov/Unemployment. Under "Apply for UI Benefits" select "Unemployment Tip Sheets."

To find out more about training available in your local area, as well as the name and address of the One-Stop Career Center nearest you, call the EDD Automated Self-Service number toll-free at 1-866-333-4606 or visit the EDD website at www.edd.ca.gov. You may also call the Employment and Training Administration Toll-Free Help Line at 1-877-US-2JOBS (1-877-872-5627), or visit their website at www.servicelocator.org.

- **Workforce Investment Act Programs (WIA):** If you are out of work and need job training, or if you need to brush up on existing skills, WIA programs may be able to help you. California's WIA Services are provided through the One-Stop Career Centers, under the policy guidance of the Local Workforce Investment Boards. The WIA offers education and job skills training programs for economically disadvantaged adults and youth. Special training and skills upgrade programs are available for workers who are out of work because of plant closures or work force reductions.
- **Employment Training Panel (ETP):** If you are claiming UI benefits, or have exhausted such benefits and are unemployed, or you are likely to lose your job because your employer plans to reduce operations, you may be eligible for ETP approved training. Visit the ETP website at www.etp.ca.gov for a list of currently-funded training opportunities.
- **Disaster Unemployment Assistance (DUA):** These benefits are available to individuals whose work or self-employment is interrupted by a disaster. Claims may be filed following an EDD announcement that disaster benefits are available. UI information about a disaster would be located on the EDD website at www.edd.ca.gov.
- **Trade Adjustment Assistance (TAA)/Re-employment Trade Adjustment Assistance (RTAA):** The TAA program is a federally funded program that provides training and training related benefits and services to those workers certified by the U.S. Department of Labor (DOL) as having lost their jobs, or had their hours and wages reduced, as a result of increased imports from, or a shift in production to, a foreign country. The RTAA program provides wage subsidies to individuals 50 years of age or older who return to work paying less than their former trade impacted employment.
- **Work Sharing Benefits:** You may be eligible for Work Sharing benefits if your employer has a Work Sharing plan that has been approved by the EDD. To participate in Work Sharing, your employer must reduce your weekly hours and wages by a minimum of 10 percent. You receive the percentage of your weekly benefit amount proportionate to the hour and wage reductions.
- **Railroad Unemployment Benefits:** Railroad workers may claim benefits under the U.S. Railroad Unemployment Insurance Act. To file a claim, go to the website www.rrb.gov/mep/ben_services.asp or call the toll-free number at 1-877-772-5772.

STATE DISABILITY INSURANCE

The State Disability Insurance (SDI) Program provides temporary benefit payments to workers for non-work-related disabilities.

Within SDI are two benefit programs, Disability Insurance (DI) and Paid Family Leave (PFL). DI benefits are paid to eligible California workers experiencing a loss of wages when they are unable to perform their regular or customary work due to a non-work-related illness or injury, pregnancy or childbirth. PFL benefits are paid to individuals unable to work because they need to care for a seriously ill family member or bond with a new minor child.

The first seven days of your claim is a waiting period for which no benefits are payable. Benefits begin with the eighth day of disability. You cannot receive DI and Unemployment Insurance (UI) or Paid Family Leave (PFL) benefits for the same period. DI is payable for a maximum of 52 weeks.

ARE YOU COVERED BY STATE DISABILITY INSURANCE?

Most workers covered by California Unemployment Insurance are also covered by State Disability Insurance (SDI). The program is financed entirely by covered workers through a payroll tax withheld from their earnings. The contribution is based on a percentage of a worker's earnings. The contribution rate may vary from year to year depending on the balance in the Disability Fund. Specific information about the contribution rate is available from any EDD office.

Employees of local public entities (except workers in district hospitals) are not covered by SDI unless the employer elects such coverage. Employees of the state or of state-funded institutions of higher education may, through their collective bargaining units, elect to be covered by SDI. Self-employed individuals may elect to be covered by SDI.

FILING YOUR DISABILITY INSURANCE CLAIM

- Obtain a claim form from any public EDD office. You may call the DI toll-free number and request a form be mailed to you. Your medical provider, hospital, or employer may have a claim form, or you may obtain a form through the EDD website at www.edd.ca.gov.
- The *Claim for State Disability Insurance (SDI) Benefits* provides you with instructions for completing the claim form. It is very important to include your Social Security number and sign and date the claim form. Please print your information clearly and review it for completeness and accuracy. If you need help in completing the form, call the DI toll-free number for assistance.

- Give the claim form to your medical provider to complete the "Physician/Practitioner's Certificate."
- Your claim must be mailed within 49 days from the first day you become disabled. If your claim is submitted later than 49 days, you may lose benefits for the number of days that the claim is late unless you can establish "good cause" for late filing. To establish good cause, attach a detailed explanation to your claim form telling DI why it is late.

HAVE YOU HAD EXCESS STATE DISABILITY INSURANCE TAX WITHHELD?

If you worked for more than one employer and earned more than \$90,669 in 2009 or more than \$93,316 in 2010, you may be eligible for a refund or credit of excess payroll deductions. For information about claiming a refund or credit, please review the Instruction Booklet for the State of California, *Personal Income Tax Return*, Form 540.

IF YOU NEED MORE INFORMATION

Visit the EDD website at www.edd.ca.gov. For the SDI pages, select "Disability," or you may call one of the following numbers.

EDD DISABILITY INSURANCE TOLL-FREE NUMBERS

English	1-800-480-3287
Spanish	1-866-658-8846
TTY (Non voice)	1-800-563-2441

PAID FAMILY LEAVE

Paid Family Leave (PFL) benefits may be available to you if you are unable to work because you need to care for a seriously ill family member or bond with a new child. You cannot receive PFL and Disability Insurance (DI) or Unemployment Insurance (UI) benefits for the same period. PFL benefits are payable for a maximum of six weeks in a 12-month period. Deductions for PFL coverage began January 1, 2004.

ARE YOU COVERED BY PAID FAMILY LEAVE?

PFL is a component of the SDI program. Workers covered by SDI will also be covered for PFL. Workers who are covered by a Voluntary Plan for SDI will be covered for PFL through their Voluntary Plan.

HOW DO YOU FILE A PAID FAMILY LEAVE CLAIM?

Obtain a claim form from any public EDD office. You may call the PFL toll-free number and request a form be mailed to you. Medical providers, hospitals, or employers may have a claim form, or you may obtain a form through the EDD website at www.edd.ca.gov.

The *Claim for Paid Family Leave (PFL) Benefits* provides you with instructions for completing the claim form. Follow the instructions carefully for your type of claim (i.e., caring for a seriously ill family member or bonding with a new child). It is very important to provide your Social Security number and sign and date the claim form. Please print your information clearly and review it for completeness and accuracy. If you need help in completing the form, call the PFL toll-free number for assistance.

Mail your claim form within 49 days from the first day of your period of family leave. If you submit your claim later than 49 days, you may lose benefits for the number of days that the claim is late unless you can establish "good cause" for late filing. To establish good cause, attach a detailed explanation to your claim form telling PFL why it is late.

IF YOU NEED MORE INFORMATION

Visit the EDD website at www.edd.ca.gov and select "Paid Family Leave," or you may call one of the following numbers.

EDD PAID FAMILY LEAVE TOLL-FREE NUMBERS

English	1-877-238-4373	Armenian	1-866-627-1567
Spanish	1-877-379-3819	Punjabi	1-866-627-1568
Cantonese	1-866-692-5595	Tagalog	1-866-627-1569
Vietnamese	1-866-692-5596	TTY	1-800-445-1312

When calling via the California Relay Service 711, please provide the PFL Insurance number 1-877-238-4373 to the operator.

Workforce SERVICES

The EDD's Workforce Services is a partner in the One-Stop Career system, which integrates employment and training programs and provides flexible solutions at nearly 200 service locations throughout California. There is never a fee for services to job seekers or employers. Workforce Services include:

JOB LISTINGS

Using CalJOBSSM, the EDD online job and résumé bank, job seekers can:

- Access thousands of job listings 24 hours a day, 7 days a week.
- Create a résumé online and if qualified, refer themselves to employers for consideration.
- Simple to use and can be used at the office, at home, or from any location with Internet access.

JOB SEARCH ASSISTANCE

The EDD, in partnership with your local One-Stop Career Center, offers a variety of workshops on such topics as job search training, résumé writing, and interview techniques. In addition, the EDD can refer you to resources within the community including training, education, and other supportive services.

SPECIAL PROGRAMS AND SERVICES

For job seekers who require more than the self-service job search, the EDD Workforce Services has several no-fee employment assistance programs to help overcome barriers to finding a suitable job:

Deaf and Hard of Hearing Program

Individuals who are deaf or hard of hearing can receive interpretive, job placement, and follow-up services to find a job or receive EDD services. Contact the EDD by using the TTY toll-free numbers, which will put you in direct contact with a representative:

- Disability Insurance: (TTY) 1-800-563-2441
- Paid Family Leave: (TTY) 1-800-445-1312
- Employment Tax: (TTY) 1-800-547-9565
- Unemployment Insurance: (TTY) (Non-voice) 1-800-815-9387

Experience Unlimited Program

Professionals from a wide variety of fields can take advantage of EDD-sponsored job clubs. Provided at no fee, Experience Unlimited provides a place where job seekers can meet regularly with other career professionals to share job leads, provide support, and update their job search skills. Resources available to members include workshops, résumé evaluations, mock interviews, networking opportunities, and more.

Migrant and Seasonal Farmworkers and Food Processing Workers

Provides assistance to farmworkers and food processing workers who may be unfamiliar with the automated job listings systems, or who have language barriers that might lessen the effectiveness of their job search.

Veterans Services Program

All EDD Workforce Services offices have specially-trained staff to ensure veterans of the U.S. Armed Forces receive maximum employment and training opportunities. Services include counseling, labor market information, job referrals, job search workshops, and job development with potential employers.

Youth Employment Opportunity Program (YEOP)

Provides special services to youth, ages 15 to 25, to assist them in achieving their educational and vocational goals. Services include peer advising, referrals to supportive services, workshops, job referrals and placement assistance, and referrals to training and community outreach efforts.

WHERE TO GET HELP

Workforce Services programs and services are available in Workforce Services offices and One-Stop Career Centers throughout the State. For more information, call the EDD automated Self-Service number toll-free at 1-866-333-4606 or visit the EDD website at www.edd.ca.gov. You may also call the Employment and Training Administration toll-free Help Line at 1-877-US-2JOBS, 1-877-872-5627, or visit their website at www.servicelocator.org.



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

This publication is available on the EDD website at
http://www.edd.ca.gov/pdf_pub_ctr/de2320.pdf

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling the information numbers listed in this booklet.

DE 2320 Rev. 59 (7-13) (INTERNET)

Back Cover + 25 pages

TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers'

Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at www.dir.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

SEE FORM Wage Notice 2810.5

Address: _____

Phone: _____

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit
All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California’s workers’ compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to www.dwc.ca.gov and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:

Address: _____

Phone number: _____.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee's Signature _____ Date: _____