

# TRANSGENDER RIGHTS IN THE WORKPLACE

# DFEH



## WHAT DOES “TRANSGENDER” MEAN?

Transgender is a term used to describe people whose gender identity differs from the sex they were assigned at birth. Gender expression is defined by the law to mean a “person’s gender-related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth.” Gender identity and gender expression are protected characteristics under the Fair Employment and Housing Act. That means that employers may not discriminate against someone because they identify as transgender or gender non-conforming. This includes the perception that someone is transgender or gender non-conforming.

## WHAT IS A GENDER TRANSITION?

1. “Social transition” involves a process of socially aligning one’s gender with the internal sense of self (e.g., changes in name and pronoun, bathroom facility usage, participation in activities like sports teams).

2. “Physical transition” refers to medical treatments an individual may undergo to physically align their body with internal sense of self (e.g., hormone therapies or surgical procedures).

A person does not need to complete any particular step in a gender transition in order to be protected by the law. An employer may not condition its treatment or accommodation of a transitioning employee upon completion of a particular step in a gender transition.

## FAQ FOR EMPLOYERS

### • What is an employer allowed to ask?

Employers may ask about an employee’s employment history, and may ask for personal references, in addition to other non-discriminatory questions. An interviewer should not ask questions designed to detect a person’s gender identity, including asking about their marital status, spouse’s name, or relation of household members to one another. Employers should not ask questions about a person’s body or whether they plan to have surgery.

### • How do employers implement dress codes and grooming standards?

An employer who requires a dress code must enforce it in a non-discriminatory manner. This means that, unless an employer can demonstrate business necessity, each employee must be allowed to dress in accordance with their gender identity and gender expression. Transgender or gender non-conforming employees may not be held to any different standard of dress or grooming than any other employee.

### • What are the obligations of employers when it comes to bathrooms, showers, and locker rooms?

All employees have a right to safe and appropriate restroom and locker room facilities. This includes the right to use a restroom or locker room that corresponds to the employee’s gender identity, regardless of the employee’s assigned sex at birth. In addition, where possible, an employer should provide an easily accessible unisex single stall bathroom for use by any employee who desires increased privacy, regardless of the underlying reason. Use of a unisex single stall restroom should always be a matter of choice. No employee should be forced to use one either as a matter of policy or due to harassment in a gender-appropriate facility. Unless exempted by other provisions of state law, all single-user toilet facilities in any business establishment, place of public accommodation, or state or local government agency must be identified as all-gender toilet facilities.

## FILING A COMPLAINT

If you believe you are a victim of discrimination you may, within three years\* of the discrimination, file a complaint of discrimination by contacting DFEH.

To schedule an appointment, contact the Communication Center below.

If you have a disability that requires a reasonable accommodation, the DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or you can contact us below.

## CONTACT US

Toll Free: (800) 884-1684  
TTY: (800) 700-2320  
contact.center@dfeh.ca.gov  
www.dfeh.ca.gov

## DI Office Locations and Mailing Addresses

- Chico ..... 645 Salem Street  
(PO Box 8190, Chico, CA 95927-8190)
- Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100  
(PO Box 60006, City of Industry, CA 91716-0006)
- Fresno ..... 2555 S. Elm Avenue  
(PO Box 32, Fresno, CA 93707-0032)
- Long Beach ... 4300 Long Beach Blvd., Ste. 600  
(PO Box 469, Long Beach, CA 90801-0469)
- Los Angeles ..... 888 S. Figueroa Street, Ste. 200  
(PO Box 513096, Los Angeles, CA 90051-1096)
- Oakland ..... 7677 Oakport Street, Ste. 325  
(PO Box 1857, Oakland, CA 94606-1857)
- Sacramento ..... 5009 Broadway  
(PO Box 13140, Sacramento, CA 95813-3140)
- San Bernardino ..... 371 West 3rd Street  
(PO Box 781, San Bernardino, CA 92402-0781)
- San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300  
(PO Box 120831, San Diego, CA 92112-0831)
- San Francisco ..... 745 Franklin Street, Rm. 300  
(PO Box 193534, San Francisco, CA 94119-3534)
- San Jose ..... 297 West Hedding Street  
(PO Box 637, San Jose, CA 95106-0637)
- Santa Ana ..... 2 MacArthur Place, Suite 400  
(PO Box 1466, Santa Ana, CA 92702-1466)
- Santa Barbara ..... 128 East Ortega Street  
(PO Box 1529, Santa Barbara, CA 93102-1529)
- Santa Rosa ..... 606 Healdsburg Avenue  
(PO Box 700, Santa Rosa, CA 95402-0700)
- Stockton ..... 3127 Transworld Dr., Ste. 150  
(PO Box 201006, Stockton, CA 95201-9006)
- California State Government Employees  
(PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys ..... 15400 Sherman Way, Rm. 500  
(PO Box 10402, Van Nuys, CA 91410-0402)



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 1-866-490-8879. TTY users, please call the California Relay Service at 711.



# 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 [State Disability Insurance](http://edd.ca.gov/disability) (edd.ca.gov/disability), or contact the Employment Development Department (EDD) DI customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

## DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, which may be substituted for the State Plan. Voluntary Plans are established if the employer and majority of employees agree to do so. VP information and filing a claim is done through your employer. If you are covered by a VP, the provisions of this 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 under SDI. 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 differences in eligibility requirements from those listed in this pamphlet.

For additional information or to apply for coverage, contact the EDD DI customer service at 1-800-480-3287, the EDD employment tax customer service at 1-888-745-3886, or visit [State Disability Insurance](http://edd.ca.gov/disability) (edd.ca.gov/disability).

## How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form online.
  - Online: [State Disability Insurance](http://edd.ca.gov/disability) (edd.ca.gov/disability).
  - By phone: 1-800-480-3287.
  - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
  - California state government employees covered by SDI should call 1-866-352-7675.
2. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form, complete and sign Part A-Claimant's Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.
3. Have your physician/practitioner complete the Part B - Physician/Practitioner's Certificate online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the Part B - Physician/Practitioner's Certificate.

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a:

- Licensed medical or osteopathic physician and surgeon.
- Nurse practitioner.
- Physician assistant.
- Chiropractor.
- Dentist.
- Podiatrist.
- Optometrist.
- Designated psychologist.
- Authorized medical officer of a United States governmental facility.

Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.

4. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

## How Benefits Are Paid

- If you are eligible to receive benefits, you have two payment options: by **EDD Debit Card<sup>SM</sup>** through Bank of America, or by a **check**. You do not have to accept the EDD Debit Card. Please allow 7 to 10 days for delivery of checks in the mail.
- Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases.

Benefits are paid as quickly as possible after all eligibility information is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized for additional benefits electronically or sent a *Claim For Continued Disability Benefits* (DE 2500A) certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

## How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2021, uses a base period of October 1, 2019, through September 30, 2020.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2021, uses a base period of January 1, 2020, through December 31, 2020.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2021, uses a base period of April 1, 2020, through March 31, 2021.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2021, uses a base period of July 1, 2020, through June 30, 2021.)

**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 letter and supporting documentation with your claim form.

**Wage Continuation.** Your DI benefits may be affected if your employer continues to pay you wages during your DI claim. 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 unable to work.

**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 (UI) or PFL benefits.
- If you are not working or looking for work at the time your disability begins.
- 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

- 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

- Complete your claim and other forms correctly 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 claim identification number on letters to DI.

## Contact DI

- By phone at:
  - English 1-800-480-3287
  - Spanish 1-866-658-8846
- 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. **Note:** Do not mail claim forms to this PO Box.
- By **TTY** (for TTY users 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.

**If you are able and available to work** but unemployed, contact the UI program by visiting [Unemployment Insurance](http://edd.ca.gov/unemployment) (edd.ca.gov/unemployment) or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

**If you need help in finding work, job training, retraining,** or other services in order to return to work, visit your local America's Job Center of California<sup>SM</sup> listed at [Service Locator](http://ServiceLocator) (careeronestop.org/LocalHelp/service-locator.aspx) or in the white pages of your phone directory.

**If your disability is permanent** or is expected to continue for a year or more, contact the U.S. [Social Security Administration](http://SocialSecurityAdministration) (ssa.gov) or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

**If you need time off work for a family leave,** PFL provides benefits to:

- Care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner).
- Bond with a new child entering the family (through birth, adoption, or foster care placement).
- Participate in a qualifying event resulting from a family member's (spouse, registered domestic partner, parent, or child) military deployment to a foreign country.

Contact the EDD PFL program by visiting [State Disability Insurance](http://StateDisabilityInsurance) (edd.ca.gov/disability), or by phone at 1-877-238-4373, or through the California Relay Service at 711.

**Note:** A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

**If you are a victim of a crime,** contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

**Questions about spousal or parental support** obligations should be directed to the district attorney's office for the county that issued the court order.

**Questions about child support** obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).



## About California Paid Family Leave

For many working Californians, finding time to be with a loved one when they need it most can be difficult. California's Paid Family Leave program was created for those moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.

## Fast Facts About California Paid Family Leave

- Provides up to eight weeks of partial wage replacement benefits to bond with a new child (either by birth, adoption, or foster care placement), to care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner), or to participate in a qualifying event resulting from a family member's (spouse, registered domestic partner, parent, or child) military deployment to a foreign country.
- Doesn't have to be taken all at once.
- Provides approximately 60 to 70 percent of your salary during your leave.
- Funded through your State Disability Insurance tax withholding, so you are most likely eligible if you've paid into State Disability Insurance (noted as "CASDI" on paystubs) or a qualifying voluntary plan in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.
- Citizenship and immigration status do not affect eligibility.

## CALIFORNIA PAID FAMILY LEAVE

**moments matter.**

### Paid Family Leave:

Giving Californians the benefits they need to be there for the moments that matter.

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

Individuals can also visit a Paid Family Leave or Disability Insurance office to obtain claim forms, receive information, or speak to a representative.

Visit a [State Disability Insurance office](http://edd.ca.gov/Disability/Contact_SDI.htm) ([edd.ca.gov/Disability/Contact\\_SDI.htm](http://edd.ca.gov/Disability/Contact_SDI.htm)) near you.



For more information, visit:  
[CaliforniaPaidFamilyLeave.com](http://CaliforniaPaidFamilyLeave.com)

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). TTY users, please call the California Relay Service at 711.



CALIFORNIA PAID FAMILY LEAVE

# Helping Californians be present for the moments that matter.



## Do I Qualify For California Paid Family Leave?

To qualify for Paid Family Leave benefits, **you must meet** the following requirements:

- Need to take time off from work to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.
- Be covered by State Disability Insurance (or a voluntary plan in lieu of State Disability Insurance).
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

If required by your employer, you must use up to two weeks of unused vacation leave or paid time off. Check with your human resources department to confirm your employer's requirements.

## How Are Benefit Amounts Calculated?

California Paid Family Leave provides approximately 60 to 70 percent of your weekly salary.

The benefit amount is calculated from your highest quarterly earnings over the past 5 to 18 months, before the start of your claim. The Employment Development Department (EDD) has an online calculator that can help you estimate your weekly benefit amount. Visit the [Disability Insurance and Paid Family Leave Calculator](https://edd.ca.gov/PFL_Calculator) ([edd.ca.gov/PFL\\_Calculator](https://edd.ca.gov/PFL_Calculator)) to estimate your benefit.

If you are found eligible to receive benefits, you have an option on how you receive your benefit payments: by the EDD Debit Card<sup>SM</sup> through Bank of America or by check, mailed from the EDD.



## Does Paid Family Leave Provide Job Protection?

California Paid Family Leave does not provide job protection or a right to return to work.

However, job protection may be provided under other laws such as the federal Family and Medical Leave Act, the California Family Rights Act, or the New Parent Leave Act (if you qualify).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

## How Do I Apply For Benefits?

Apply for Paid Family Leave benefits by visiting [SDI Online](https://edd.ca.gov/SDI_Online) ([edd.ca.gov/SDI\\_Online](https://edd.ca.gov/SDI_Online)).

You may also apply using a paper form. Visit [EDD Forms and Publications](https://edd.ca.gov/Forms) ([edd.ca.gov/Forms](https://edd.ca.gov/Forms)) to request a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form.

For caregiving claims, you must provide medical certification showing that the care recipient has a serious health condition and requires your care. This needs to be completed by the care recipient's physician/practitioner. Information about the care recipient and their signature are also required.

For bonding claims, you must provide documentation showing proof of relationship between you and the child (e.g., a copy of the child's birth certificate, adoptive placement agreement, or foster care placement record).

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your SDI Online account or by mail when your pregnancy-related disability claim ends.

For military assist claims, you must provide supporting military documentation (e.g., proof of covered active duty or call to covered active duty and documentation of the qualifying event).

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

### If your claim is denied, you have the right to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [Appeals](https://edd.ca.gov/Disability/Appeals.htm) ([edd.ca.gov/Disability/Appeals.htm](https://edd.ca.gov/Disability/Appeals.htm)) for information.

All claim information is confidential except for purposes allowed by law.

***Your Right to be Free from Retaliation and Discrimination:***

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

***You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.***

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: [www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm).

If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

Labor Commissioner's Office  
***Victims of Domestic Violence,  
Sexual Assault and Stalking Notice***

3/2021

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March



**Rights of Victims of Domestic Violence, Sexual Assault and Stalking, Crimes that Cause Physical Injury or Mental Injury, and Crimes Involving a Threat of Physical Injury; and of Persons Whose Immediate Family Member is Deceased as a Direct Result of a Crime**



EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS WHEN HIRED, AND TO OTHER WORKERS WHO ASK FOR IT.

### ***Your Right to Take Time Off:***

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of a crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.

- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were ungoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

### ***Your Right to Reasonable Accommodation:***

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

# Sexual Harassment Hurts Everyone

Sexual harassment or retaliation should be reported in writing or verbally. Please provide any relevant details, names of people involved and names of witnesses. You may report such activities even though you were not the subject of the harassment.

You do not need to complain directly to your immediate supervisor. You can bring your complaint to the designated company representative or an appropriate member of management.

Employees should never pressure other employees not to complain of harassment.

If you are a supervisor, you must report all complaints of harassment or retaliation.

If you have any questions, contact your personnel administrator.

## **An investigation will be conducted.**

The investigation will be:

- Conducted by qualified personnel;
- Documented and tracked for reasonable progress; and
- Closed in a timely manner.

The company will reach reasonable conclusions based on the evidence collected.

## **Appropriate action will be taken.**

Where evidence of sexual harassment or retaliation is found, prompt action will be taken to stop the harassment and ensure that it does not continue. Disciplinary action, up to and including termination, may result.

**There will be no retaliation against you for filing a complaint.**

## **Additional Complaint Information**

Employees or job applicants who believe they have been sexually harassed or retaliated against may also file a complaint of discrimination with the Department of Fair Employment and Housing (DFEH) within **three years\*** of the last act of harassment or retaliation.

The DFEH is the state agency that resolves complaints of unlawful discrimination, including sexual harassment. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve the disputes. If they find a complaint is justified, the DFEH is authorized to file harassment cases directly in civil court. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with the DFEH and a right to sue notice has been obtained.

Civil remedies include: damages for emotional distress from each employer or person in violation of the law; punitive damages; hiring, reinstatement, or promotion; back pay; and changes in the policies or practices of the employer.

The Equal Employment Opportunity Commission (EEOC) is the federal agency that resolves sexual harassment claims and has similar powers to investigate and resolve claims.

There are strict time limits for filing charges of employment discrimination and harassment. You should contact DFEH or EEOC promptly when harassment is suspected.

Contact DFEH at (800) 884-1684 or (800) 700-2320 (toll-free TTY number for individuals with hearing impairments). Email at [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov), or visit the DFEH Web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov).

If you have a disability that requires a reasonable accommodation, the DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711).

To schedule an appointment with DFEH, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov).

Contact EEOC at (800) 669-4000 or (800) 669-6820 (toll-free for individuals with hearing impairments). Additional information about EEOC is available at [www.eeoc.gov](http://www.eeoc.gov).

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# Sexual Harassment Hurts Everyone



 **CalChamber**  
HR Expert & Business Advocate™



# Sexual Harassment Hurts Everyone

## Notice to All Staff

**Sexual harassment is prohibited by this company and is against the law.**

You should be aware of:

- What sexual harassment is;
- What steps to take if harassment occurs; and
- Prohibition against retaliation for reporting sexual harassment.

Please read this information sheet. If you have any questions or concerns about it, contact your supervisor, personnel department representative or your investigative officer for further information.

## What Is Sexual Harassment?

Both California and federal law prohibit sexual harassment.

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, transgender, or sexual orientation. Although many people think of sexual harassment as involving a male boss and a female employee, this is not always the case. Individuals of any gender can be the target of sexual harassment. Sexual harassment may also involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

Sexually harassing conduct need not be motivated by sexual desire to be unlawful.

Sexual harassment often involves co-workers, other employees of the company or other persons doing business with or for the company.

Job applicants, independent contractors, unpaid interns and volunteers are also protected by the laws against sexual harassment.

## Types of Sexual Harassment

**In general, there are two types of sexual harassment:**

*"Quid Pro Quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion or other work benefit by your submission to sexual advances or other conduct based on sex.

*"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex, unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment, even if the offensive conduct was not aimed directly at you.

Even single incidents of harassment violate our policy and may be unlawful.

## Behaviors that May Be Sexual Harassment

The definition of sexual harassment includes many forms of offensive behavior, including same-gender harassment.

### 1. Verbal harassment

**Examples:** *Sexual comments, derogatory comments or slurs, epithets, name-calling, belittling, sexually explicit or degrading words to describe an individual, sexually explicit jokes, comments about an employee's anatomy and/or dress, sexually oriented noises or remarks, questions about a person's sexual practices, use of patronizing terms or remarks, verbal abuse, graphic verbal commentaries about the body, suggestive or obscene messages or invitations.*

### 2. Physical harassment

**Examples:** *Physical touching, assault, impeding or blocking movement, pinching, patting, grabbing, brushing against or poking another employee's body, hazing or initiation that involves a sexual component, requiring an employee to wear sexually suggestive clothing, any physical interference with normal work or movement, sexually oriented gestures.*

### 3. Visual harassment

**Examples:** *Displaying sexual pictures or objects, derogatory posters, cartoons or drawings, displaying sexual media or electronic information, such as computer images, text messages, emails, web pages, or multimedia content, displaying sexual writings or objects, obscene letters or invitations, staring at an employee's anatomy, notes, leering, mooning, unwanted love letters or notes.*

### 4. Sexual favors

**Examples:** *Unwanted sexual advances or acts which condition an employment benefit upon an exchange of sexual favors. Continued requests for dates, any threat of demotion, termination, etc. if requested sexual favors are not given, making or threatening reprisals after a negative response to sexual advances, propositioning an individual.*

It is impossible to define every action or all words that could be interpreted as sexual harassment. The examples listed above, along with the definition of sexual harassment, are not meant to be a complete list of objectionable behavior nor do they always constitute sexual harassment.

## Training Requirements

Employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment.

Employees must be trained during calendar year 2020, and, after January 1, 2021, training must be provided again every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

## Harassers Are Personally Liable

If you, as an employee, are found to have engaged in sexual harassment, or if you as a manager know about the harassing conduct of an employee or non-employee (e.g., client or customer) doing business with the company and condone or ratify it, you may be personally liable for monetary damages. This company will not pay damages assessed against you personally.

This company takes seriously its duty to take all reasonable steps to prevent discrimination and harassment from occurring and to create a workplace free of harassment. This company recognizes its own responsibility and potential liability for harassment in the workplace.

If harassment does occur, this company will take effective action to stop any further harassment and to promptly correct any harassing conduct. This company will take appropriate disciplinary measures — termination is one possible action — against any employee who engages in sexual harassment.

## Protection Against Retaliation

Company policy and state and federal law forbid retaliation, and threats of retaliation, against any employee who rejects advances, complains about harassment, or participates in an investigation.

Prohibited retaliation includes but is not limited to:

- Demotion;
- Suspension;
- Failure to hire or consider for hire;
- Failure to give equal consideration in making employment decisions; and
- Failure to make impartial employment recommendations.

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS  
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,  
SEXUAL ASSAULT, STALKING, CRIMES THAT  
CAUSE PHYSICAL INJURY OR MENTAL  
INJURY, AND CRIMES INVOLVING A THREAT  
OF PHYSICAL INJURY; AND OF PERSONS  
WHOSE IMMEDIATE FAMILY MEMBER IS  
DECEASED AS A DIRECT RESULT OF A CRIME**

***Your Right to Take Time Off:***

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

***Your Right to Reasonable Accommodation:***

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

## ***Your Right to Be Free from Retaliation and Discrimination:***

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

***You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.***

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: [www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm). If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

**Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice**

**3/2021**

# FOR YOUR BENEFIT:

California's  
Programs for the  
Unemployed

Unemployment Insurance  
Disability Insurance  
Paid Family Leave  
Workforce Services

# For Your Benefit: California’s Programs for the Unemployed

This publication provides information about programs offered by the Employment Development Department (EDD) for unemployed Californians. This is for general information only and it is not a legal document.

Additional information is available by visiting the [EDD online](http://edd.ca.gov) (edd.ca.gov).

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## **Unemployment Insurance (UI)**

UI is paid for by your employer and provides partial wage replacement when you are unemployed and meet all eligibility requirements.

### **Who Should File a UI Claim**

You may file a claim for UI benefits if you are out of work or your hours have been reduced.

To be eligible for UI benefits, you must have earned enough wages during the base period to establish a claim, and be:

- Totally or partially unemployed.
- Unemployed through no fault of your own.
- Physically able to work.
- Available for work.
- Ready and willing to accept work immediately.
- Actively looking for work.

### **When to File**

You may apply for benefits as soon as you are unemployed or your work hours are reduced. Your claim will begin on the Sunday of the week in which you file your claim.

All claims have a one-week, unpaid waiting period. The waiting period does not begin until you file a claim, certify for benefits, and meet all eligibility requirements.

### **What You Need to File**

To file a claim, you need to provide your:

- Name, (including all names you used while working) and Social Security number.
- Mailing and residence address (if different) and phone number.
- Last employer's complete name, address (mailing and physical location), and phone number.
- Last day worked and the reason you're no longer working (laid off, quit, fired, or left work because of a trade dispute).
- Work history during the 18 months prior to filing your claim, including out-of-state employment. Include all employers' names, dates employed, and wages earned.
- State-issued driver license number or identification card number.
- Citizenship status and if you have the legal right to work in the United States. If you indicate you're registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States, you'll be asked for the title of your employment authorization document and information from the USCIS document, such as the Alien Registration Number, card number, and/or expiration date.

**Note:** Your last employer's name and address are very important, regardless of how long you worked for the employer(s). If you worked part-time, provide the number of hours you worked each week.

**If you served in the military** in the last 18 months, you will need to provide information from your DD214 Member Copy 4.

**If you worked for the federal government** during the last 18 months, you will need to provide information from your *Notice to Federal Employees About Unemployment Insurance*, Standard Form 8.

## Warning

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include fines, a loss of benefits, and/or criminal prosecution. See additional information on fraud and penalties on page 12.

## Employer Notification

Your last employer is notified when you file a UI claim. Although your eligibility is determined by the EDD, employers fund the UI program and are required by law to provide any information that may affect your eligibility to receive benefits.

## Types of Claims

The claim you file depends on the type of employer you worked for and the state(s) where you worked.

You will file a:

- Regular California claim if you only worked in California, even if you now live outside of California.
- Federal claim if your employment was in civilian work for the federal government.
- Military claim if you served as a member of the United States Armed Forces.
- Combined wage claim if you earned wages in California and in at least one other state during the last 18 months.
- Interstate claim if you now reside in California and only worked in another state during the last 18 months. File your claim directly with the other state, the District of Columbia, Puerto Rico, or Canada. If you worked in the U.S. Virgin Islands, contact the EDD at 1-800-300-5616.

## How to File

You may file a UI claim using one of the following methods:

- **Online**  
UI Online<sup>SM</sup> is the fastest and most convenient way to file your UI claim. Visit [UI Online<sup>SM</sup>](http://edd.ca.gov/UI_Online) ([edd.ca.gov/UI\\_Online](http://edd.ca.gov/UI_Online)) to get started.

- **Phone**

Speak to an EDD representative Monday through Friday between 8 a.m. and 12 noon (Pacific Time), except on state holidays. Refer to page 19 for a list of UI phone numbers.

- **Fax or Mail**

When filing a claim with UI Online some customers will be instructed to fax or mail their UI application to the EDD. If this occurs, the paper *Unemployment Insurance Application* (DE 11011) will display for you to complete and submit.

For faster and more secure processing, fax the completed form to the number listed on the form. If mailing your UI application, use the address on the form and allow additional time for processing.

## **Beginning Date of Claim**

Your claim begins on the Sunday of the week in which you file your claim.

## **Ending Date of Claim**

Your claim ends on the Saturday, 52 weeks after your claim begins. If you exhaust your benefits prior to this date, you cannot file another California claim until the benefit year of the claim ends.

If you worked in another state during the last 18 months, you may be eligible to file a new claim in that state.

## **Minimum Earnings to Establish a Valid Claim**

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 1.25 times your highest quarter earnings in your total base period.

For example: If you have \$900 earnings in your highest quarter, you would also be required to have earned a total of \$1,125 in the base period ( $\$900 \times 1.25 = \$1,125$ ).

## **How UI Benefits are Calculated**

The quarter in which you were paid the highest wages during the base period determines your weekly benefit amount (WBA). The WBA ranges from \$40 to \$450 per week.

The maximum benefit amount is 26 times the weekly benefit amount or one-half of the total base period wages, whichever is less.

Refer to the **Unemployment Insurance Benefit Table** on page 16 to estimate your WBA.

## **Base Period**

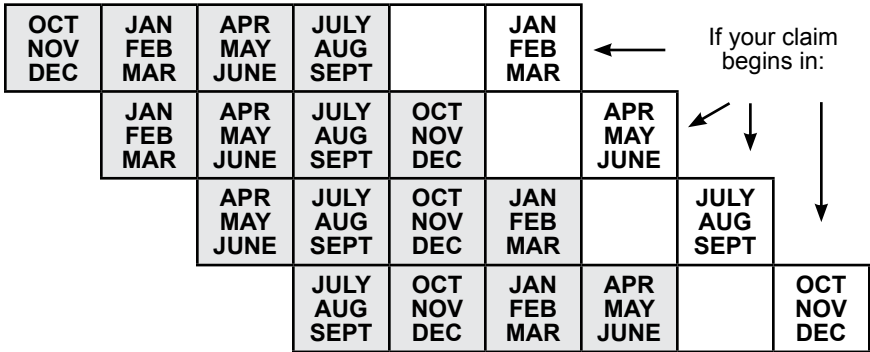
There are two types of base periods used to establish a claim: the standard base period and the alternate base period.



## Standard Base Period (SBP)

The SBP is the first four of the last five completed calendar quarters prior to the beginning date of the claim.

Refer to the chart below. The shaded area represents a standard base period. The non-shaded area represents the quarter the claim is filed.



## Alternate Base Period (ABP)

If you do not have sufficient wages in the standard base period, you may qualify to file a claim using the ABP.

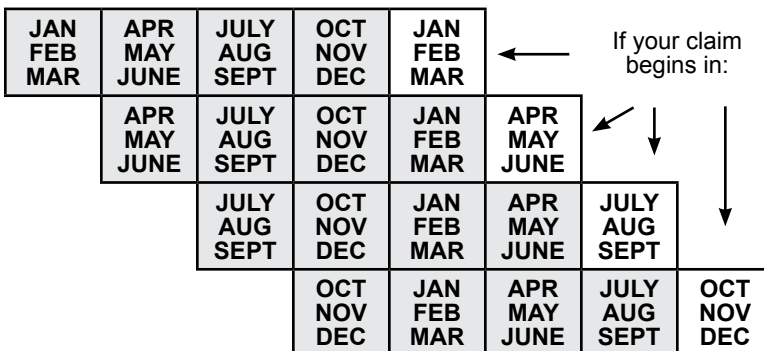
The ABP is the last four completed calendar quarters prior to the beginning date of the claim.

The EDD will automatically file an ABP claim on your behalf if you're not eligible for a SBP claim.

You may be asked to provide additional wage information so the EDD can correctly calculate your benefit amount. If you receive an *Affidavit of Wages* (DE 23A), provide the requested documents and return to the EDD.

**Note:** The ABP can **only** be used when there are not enough wages earned in the standard base period to establish a claim.

Refer to the chart below. The shaded area represents the ABP. The non-shaded area represents the quarter the claim is filed.



## Waiting Period

Unemployment Insurance claims have a mandatory, one week, unpaid waiting period. This waiting period generally takes effect on the first eligible week of a claim and prior to benefits being paid. Do not wait to file your claim because the waiting period cannot be served until a claim has been filed.

## How to Certify for Benefits

To serve your waiting period and receive benefit payments, you must meet all eligibility requirements and certify for benefits every two weeks.

There are three ways to certify for benefits:

- **UI Online<sup>SM</sup>:** ([edd.ca.gov/UI\\_Online](http://edd.ca.gov/UI_Online)) This is the fastest way to certify for benefits and report work and wages. To use UI Online, you must create a secure login through Benefit Programs Online **and** complete a one-time registration for UI Online.

For added convenience, UI Online Mobile<sup>SM</sup> is available for mobile devices.

- **EDD Tele-Cert<sup>SM</sup>:** 1-866-333-4606  
Certify over the phone by calling 1-866-333-4606. Select option 2 and follow all instructions. To access EDD Tele-Cert you must create a PIN.
- **Mail:** Complete, sign, and mail the *Continued Claim* (DE 4581) form to the EDD.

**Note:** For faster processing, certify through UI Online or EDD Tele-Cert.

## Payments

Payments are issued after you certify for benefits and continue to meet all eligibility requirements for every week you claim benefits.

You have an option in how you receive your benefit payments. The EDD issues benefit payments by the EDD Debit Card<sup>SM</sup> or by check. The EDD Debit Card is the fastest and most secure way to receive your benefits. However, you do not have to accept. Once, your claim is filed, contact the EDD if you wish to receive your benefits by paper check.

The EDD Debit Card is valid for three years and used for all Disability Insurance (DI), Paid Family Leave (PFL), and Unemployment Insurance (UI) benefits.

If you have an EDD Debit Card from a previous DI, PFL, or UI claim that is still valid, you will not be mailed a new card until the card has expired. If you need a replacement card, contact Bank of America EDD Debit Card Customer service by calling 1-866-692-9374 or 1-866-656-5913 (TTY).

For more information, visit [Bank of America EDD Debit Card](http://bankofamerica.com/EDDCard) (bankofamerica.com/EDDCard).

## Tax Requirements

UI benefits are subject to federal income tax, but exempt from California state income tax. Each time you certify for benefits, you can choose to withhold the 10 percent federal income tax from your weekly benefit payment. Otherwise, you may be required to pay the tax at the end of the year, when you file your tax return.

Each January, the EDD mails a Form 1099G to individuals who received UI benefits during the previous calendar year. Use the form to report important tax information on your federal tax return. You can access Form 1099G information for up to the past five years and/or request duplicate copies through UI Online or by calling 1-866-401-2849.

## Child Support Obligations

Your UI benefits may be reduced if you're required to pay child support payments to a court, District Attorney's office, or other child support enforcement agency.

## Report Earnings

You are required to report **all** work, wages, and other income to the EDD during the week they were earned, not when you receive your pay. Failure to properly report your earnings can result in overpayments and penalties.

Types of income to report:

- Piece work
- Idle time pay
- Jury fees
- Commissions
- Witness fees
- Reuse pay
- Holiday pay
- Holding fees
- Residuals
- Awards
- Workers' Compensation pension, retirement, annuity
- Vacation pay
- In-lieu-of-notice pay
- Bonuses
- Tips
- Self-employment income
- Strike benefits/picket pay
- Standby pay
- Bereavement
- Back-pay
- Paid sick leave

**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.

## Pension or Retirement Pay

UI benefits may be reduced if you are receiving a pension, retirement pay, annuity, or other similar payment based on your previous work.

Social Security benefits are not deductible from UI benefits and do not need to be reported to the EDD.

## Part-Time Work

If you work less than full-time, you are required to report that work to the EDD. However, you may still be eligible for partial UI benefits. The first \$25 or 25 percent of your gross total earnings for the week (whichever is greater) will not be counted toward your benefit amount. The amount remaining will be deducted from your weekly benefit amount.

Example 1:

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 from your weekly benefit amount. You would receive \$45 (\$50 minus \$5) in UI benefits.

Example 2:

Your weekly benefit amount is \$400. You earn \$200. You must report \$200; however, the first 25 percent (\$50) is not counted, leaving \$150 to deduct from your weekly benefit amount. You would receive \$250 (\$400 minus \$150) in UI benefits.

## How Your Eligibility is Determined

To be eligible, you must be:

- Out of work through no fault of your own.
- Physically able to work.
- Ready to accept work.
- Actively looking for work.

If you were laid off, you're considered to be out of work through no fault of your own.

If you quit your last job, were fired, or unemployed due to a strike or lockout, the EDD will schedule a phone interview with you to collect information on the reason you're no longer working. Your UI benefits cannot be paid until your phone interview is complete, you certify for benefits, and the EDD determines your eligibility.

You have the right to request more time to gather information, contact witnesses, or obtain the advice of a representative. If the eligibility issue involves an employer, the EDD may contact the employer.

If you are sent a written request for more information and you respond by mail, the EDD interviewer will use the information provided to determine your eligibility.

If you're denied benefits for any reason throughout your claim, including insufficient wages to establish a claim, a written *Notice of Determination* (DE 1080CZ) will be mailed to you explaining the reason along with your appeal rights.

**Important:** Your benefits can be delayed or denied if you're not available for the interview or do not submit the required information. The EDD will make a decision of eligibility based on the information available.

## Appeals Process

If you're denied UI benefits, you have the legal right to appeal the decision by completing and mailing the *Appeal Form* (DE 1000M). To be considered timely, it must be mailed within 30 calendar days from the mailing date of the *Notice of Determination* (DE 1080CZ). If you miss the 30-day deadline, you may still appeal, but you must show good cause for the delay.

Your appeal will be heard by an independent administrative law judge. Hearings are informal, but all testimony is taken under oath and is subject to cross-examination. The office of appeal will notify you of when and where the hearing will be held.

Before the hearing, you have the right to review all records affecting your appeal. Those records are provided by California Unemployment Insurance Appeals Board (CUIAB). You can request records from the EDD to prepare for your hearing.

At the hearing, you may be represented by yourself, a union official, an attorney, or anyone else you select. You may bring any relevant documentation you may have to support your case.

After the hearing, you are mailed the administrative law judge's decision. If you're not satisfied, you may submit a second level appeal to the CUIAB.

For information on how the UI code is applied, including current case studies, see the online [Benefit Determination Guide](#) (edd.ca.gov/uibdg).

**Important:** You are required to continue to certify for benefits while your claim is under appeal. If the original decision is reversed, the EDD can quickly issue all back payments to you. **Failure to comply could result in your benefits being denied or delayed.**

## Canceling a Claim

You may cancel a claim if you meet **all** of the following criteria:

- No benefits have been paid.
- You're not disqualified for benefits due to an eligibility issue.
- An overpayment has not been established on the claim.
- You notify the EDD before the 52-week benefit year ends.

Once a claim is canceled, it cannot be re-established with the same beginning date. You must file a new claim, which will have a later beginning date.

## Workers Not Covered by Unemployment Insurance

The following groups of workers are not normally covered:

- Elected officials.
- Self-employed, unless participating in elective coverage.
- Students enrolled and regularly attending classes at the school or education institution where employed.
- Members of a Limited Liability Company (LLC) that are treated as a partnership for federal income tax reporting purposes.
- 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 by 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

Under certain conditions, employers of the individuals whose services are not covered may elect to cover those services. If you're not sure whether you're eligible for these benefits, contact the EDD.

## Request a Claim Print Out

You may request a print out of your claim through one of the following methods:

- Create an account by visiting [UI Online](http://edd.ca.gov/UI_Online) (edd.ca.gov/UI\_Online). Select **Claim History** and print.
- Call the EDD at 1-800-300-5616.

## Special Programs

### California Training Benefits (CTB)

If you're attending school or training while receiving UI benefits, you may qualify for CTB.

If eligible, you can further your education, upgrade your skills, and/or learn a new trade while attending an EDD-approved training or school program to be more competitive in today's labor market.

While in school or training, you'll be exempt from the requirements to be available for work, actively seek work, and accept work. You may also be eligible for additional weeks of benefits. Learn more online by visiting [California Training Benefits](http://edd.ca.gov/unemployment/California_Training_Benefits.htm) (edd.ca.gov/unemployment/California\_Training\_Benefits.htm).

**Note:** The EDD does **not** cover any educational or training-related expenses such as tuition, fees, books, supplies, or transportation. However, there are state, federal, or employer programs that may fund your school or training.

### **Training Extension (TE)**

A TE provides additional benefits to individuals who have been approved for CTB, while completing school or training. Only one TE is allowed for each CTB-approved training period.

If interested, you must contact the EDD to inquire about a TE before receiving the 16th week of UI benefits. For claims that have less than 16 weeks of benefits, you **must** contact the EDD before the claim reaches a zero balance.

### **Disaster Unemployment Assistance (DUA)**

The federal DUA program provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster and who are **not** eligible for regular UI benefits. These benefits are available only when the President of the United States declares a major disaster and makes this special assistance available.

If DUA benefits are available, information will be posted on the [EDD](http://edd.ca.gov) website (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 workers who are certified by the U.S. Department of Labor 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 age 50 or older who return to work paying less than their former trade impacted employment.

### **Extended Benefits**

Extended benefits are available to workers who have exhausted regular unemployment insurance benefits when the 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.

## Railroad Unemployment Benefits

Railroad workers may claim benefits under the U.S. Railroad Unemployment Insurance Act. This program is administered by the U.S. Railroad Retirement Board (RRB).

To file a claim, call the toll-free number at 1-877-772-5772 between 9 a.m. and 3:30 p.m., Monday through Friday to speak to an RRB representative or file online by visiting [RRB](http://rrb.gov) (rrb.gov).

## Unemployment Insurance Fraud Prevention and Detection

The EDD takes the security of personal and confidential information very seriously. Therefore, all data submitted to us is encrypted. Additional safeguards are built in to further protect your personal information from imposter fraud and 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 the EDD suspects that there may be identity issues, you'll receive a written request to validate the information provided. We'll also contact your former employer(s) and governmental entities to verify the documents and any information you supply.

For more information, download the [Protect Your Identity and Stop Unemployment Insurance Imposter Fraud \(DE 2360EE\) \(PDF\)](http://edd.ca.gov/pdf_pub_ctr/de2360ee.pdf) brochure (edd.ca.gov/pdf\_pub\_ctr/de2360ee.pdf).

To report UI fraud, visit [Ask EDD](http://askedd.edd.ca.gov) (askedd.edd.ca.gov) and select **Report Fraud** to submit a Fraud Reporting Form online, or call the EDD toll-free fraud hotline at 1-800-229-6297.

## Penalties

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include a loss of benefits, a false statement disqualification, and/or criminal prosecution.

A false statement disqualification denies benefits from 2 to 23 weeks. The disqualification stays on your record for three years or until served, whichever comes first. To serve false statement weeks, you must continue to certify for UI benefits, and meet all other eligibility requirements. You will not be paid during this time.

## Benefit Audits

The EDD conducts audits by cross-referencing employer information with UI claim information to determine if a claimant properly reported all work, wages and other income to the EDD while collecting for UI benefits. Overpayments and penalties collected from these audits ensure the solvency of the UI Trust Fund and help reduce UI taxes.



## Social Security Number Verification

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

Your eligibility for benefits may be affected if:

- The SSN provided is assigned to a different name or belongs to another individual.
- The SSN is not valid.
- The SSN was never issued by the SSA.
- The wages in the base period belong to another individual.
- 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 may be asked to submit a complete copy of your Annual Social Security Statement. To obtain a copy of your complete Social Security Statement visit the [SSA](#) online (ssa.gov).

A copy of your Social Security card will not satisfy this requirement.

## State Disability Insurance (SDI)

SDI is comprised of Disability Insurance (DI) and Paid Family Leave (PFL). The program is funded entirely by California workers through employee payroll deductions, noted as CASDI on paystubs.

### Exceptions:

- 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 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.

Please note: Citizenship and immigration status do not affect eligibility for SDI.

## Disability Insurance (DI)

DI provides short-term, partial wage replacement benefits to eligible workers who are unable to work due to a non-work-related illness, injury, or pregnancy.

**When to submit a claim:** Submit your claim no earlier than nine days after the first day your disability begins, but no later than 49 days after your disability begins or you may lose benefits.

For faster processing, file your claim using SDI Online.

**Exception:** If a claim is filed for the same or related cause or condition within 60 days of the initial claim, there will be no new waiting period.

To file a claim or learn more, visit [State Disability Insurance](http://edd.ca.gov/disability) (edd.ca.gov/disability). EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 19 for a list of DI phone numbers.

## **Paid Family Leave (PFL)**

PFL provides short-term, partial wage replacement benefits to eligible workers who need to take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. Benefits are available to parents who need time to bond with a new child entering their family either by birth, adoption, or foster care placement. Benefits are also available for individuals who need time off work to participate in a qualifying event resulting from a spouse, registered domestic partner, parent, or child's military deployment to a foreign country.

**When to submit a claim:** Submit your claim no earlier than the first day your family leave begins, but no later than 41 days after your family leave begins or you may lose benefits.

For faster processing, file your claim using SDI Online.

To file, or learn more visit [Paid Family Leave](http://edd.ca.gov/Disability/Paid_Family_Leave.htm) (edd.ca.gov/Disability/Paid\_Family\_Leave.htm).

EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 19 for a list of PFL phone numbers.

## **Workforce Services**

The EDD provides a range of employment and training services in partnership with state and local agencies and organizations, through the America's Job Center of California<sup>SM</sup> (AJCC). These services benefit job seekers and employers at no cost.

Through the AJCC, the EDD provides job seekers with job search and résumé workshops, interview techniques, job fairs and referrals, training, and much more. Employers can use our series to help recruit candidates for open positions, train current employees, and organize job fairs and workshops. For more information, find your nearest AJCC by using the online [Office Locator](http://edd.ca.gov/Office_Locator) (edd.ca.gov/Office\_Locator).

## CalJOBS<sup>SM</sup>

CalJOBS is California's online resource to help job seekers and employers navigate the EDD's workforce services. The system allows users to easily search for jobs, build résumés, access career resources, find qualified candidates for employment, and gather information on education and training programs.

Job Seekers can:

- Create a résumé or upload multiple résumés.
- Search and apply for job openings.
- Set up alerts for job openings.
- Research employers.
- Make customized résumés viewable to employers.

**Note:** Registering for a CalJOBS account and posting a résumé is an eligibility requirement for many UI claimants. To register, visit [CalJOBS<sup>SM</sup>](https://caljobs.ca.gov) (caljobs.ca.gov).

## Migrant and Seasonal Farmworkers (MSFW) Outreach Program

The MSFW Outreach program assists farmworkers unfamiliar with the services provided at the America's Job Center of California<sup>SM</sup> with information about job search assistance, skills development, referral to supportive services, unemployment and disability insurance, farmworker rights labor-law information, and career guidance, all at no cost.

## Services for Veterans

The EDD provides assistance to veterans to help them achieve their employment and training goals. Services include labor market information, veteran 24-hour priority hold on all job listings, customized job search assistance, job fairs, workshops, employer recruitments, and other resources.

## Youth Employment Opportunity Program (YEOP)

The YEOP provides special service to help youth, ages 15 through 25, achieve 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.

For more information on the programs and services listed above, visit [Jobs and Training](https://edd.ca.gov/Jobs_and_Training) online (edd.ca.gov/Jobs\_and\_Training).

## 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		

# How to Get Help Online

- To learn more about EDD services and programs, visit [EDD](http://edd.ca.gov) online (edd.ca.gov).
- To ask us a question, access your UI Online or SDI account visit [Ask EDD](http://askedd.edd.ca.gov) (askedd.edd.ca.gov).
- To find your nearest AJCC, visit the [Office Locator](http://edd.ca.gov/Office_Locator) online (edd.ca.gov/Office\_Locator).

## Phone

All of our phone numbers are toll free. For relay service, provide one of the numbers below to the operator.

### Unemployment Insurance

EDD staff are available Monday through Friday between 8 a.m. and 12 noon (Pacific Time), except on state holidays.

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

### Disability Insurance

EDD staff are available Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

English	1-800-480-3287
Spanish	1-866-658-8846
TTY	1-800-563-2441

### Paid Family Leave

EDD staff are available Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

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



## STATE OF CALIFORNIA

### LABOR AND WORKFORCE DEVELOPMENT AGENCY

### EMPLOYMENT DEVELOPMENT DEPARTMENT

This *For Your Benefit: California's Programs for the Unemployed* (DE 2320) publication can be viewed, printed, and ordered online by visiting [Online Forms and Publications](https://forms.edd.ca.gov/forms) ([forms.edd.ca.gov/forms](https://forms.edd.ca.gov/forms)).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Disclaimer: If you opted out of receiving paper forms, it may still be necessary for the EDD to send some documents via U.S. mail.



## 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](http://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](http://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](http://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:**

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_.

You may be able to find the name of your employer’s workers’ compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://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:

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### **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](http://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: _____.
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**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](http://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:**

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**(name of chiropractor or acupuncturist)**

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**(street address, city, state, zip code)**

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**(telephone number)**

Employee Name **(please print)**:

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Employee's Address:

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Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_