

SAMPLE, this page for reference only

NEW EMPLOYEE REGISTRY BENEFIT AUDIT

REPLY IS REQUIRED BY LAW

Please return **ALL** Benefit Audit forms. This information could be the basis for administrative penalties assessed against a claimant and may impact your benefit charges. Accuracy is extremely important.

See enclosed instructions for step-by-step assistance. For additional clarification, call 1-866-401-2849, or visit the EDD website at edd.ca.gov.

Social Security no. (SSN): 000-000-0000 Employee Name:

FIRST M LAST

NAME 1 NAME 2 NAME 3 123 SOMETHING AVE SAMPLE CITY, CA 99999-00000

ER NAME 000-0000 00 BYB 09/12/2019 A M1

 If the INDIVIDUAL WORKED or had earnings, complete items 1 through 7. Report earnings when worked, not when paid. If earnings are zero for all of the weeks listed, complete only items 1, 2, 3 and 7. 															
1. Compare the SSN and Employee Name shown above with your records. If different, provide the information below:															
SSN:						Name:				_ Da	te of B	irth:			
2. Start-of-Work Date previously reported:							4. Pay Period:			6. Type of Earnings: (check all that apply)					
If not correct, enter Actual Start-of-Work Date (Not the Hire Date):							Weekly Bi-weekly Semi-monthly Monthly Start Date: End date: 5. Rate of Pay: Hourly \$			☐ T=Training ☐ V=Vacation ☐ S=Sick Pay ☐ H=Holiday					
☐ Laid off/Lack of work ☐ Voluntary Quit							Salary \$ Per			O=Other(Commission, Tips, Bonus, etc.)					
☐ Misconduct/Fired ☐ Other:							Other			Teacher/Professor/Lecturer (Provide a copy of the contract)					
Week Begins	Number of hours worked for each day							Week Ends	Gross Earnings	Number of hours for each pay type below, if applicable					
	S	М	Т	W	Т	F	S			R	Т	V	S	Н	0
						OF PE	RJURY	THAT TH	E INFORMATION	PRO	/IDED	IS TRU	JE AND	CORI	RECT
	HE BES -								_						
NAME: SIGNATULE DATE: PHONE NO:							FAX NO:								
DATE		FITOINE INO					AD	FAX NU:							

PLEASE RETURN ALL NEW EMPLOYEE REGISTRY BENEFIT AUDITS WITHIN 10 DAYS OF RECEIPT TO: EMPLOYMENT DEVELOPMENT DEPARTMENT, PO BOX 989885, WEST SACRAMENTO, CA 95798-9895