TCWIB DIRECTIVE

TO: TCWIB WID Staff and TCWIB Service Providers

SUBJECT: Release of Confidential Unemployment Insurance

EXECUTIVE SUMMARY: The purpose of this directive is to provide guidance regarding the process for TCWID Staff and Service Providers to obtain Unemployment Insurance (UI) client data (UI wages and UI claim history) from the Employment Development Department (EDD) for WIA applicants and clients.

Purpose: This procedure may be used by all TCWIB Staff, Service Providers, WTW Staff. This process is not mandatory; however, except for the data that are available through the Job Training Automation JTA system, this is the only process by which TCWIB Staff and Service Providers may receive UI information directly from the EDD.

Scope: This directive requires that all contractors expending WIA funds shall comply with Federal and State debt collection requirements.

Effective Date: This directive is effective immediately

REFERENCES:
California Unemployment Insurance (UI) Code Section 1094, 2111.

Information Practices Act (IPA), California Civil Code 1798-1798.78
WIA Program Year (PY) 2004-05 Contract, Exhibit BB, Item 20

STATE-IPOSED REQUIREMENTS:
This directive consists entirely of State-imposed requirements.

FILING INSTRUCTIONS:
This directive finalizes WIA Draft Directive WIADD-107, issued for comment on September 29, 2005. Retain this directive until further notice.

BACKGROUND: The UI Code prohibits the disclosure of UI client information for purposes not related to the administration of the UI Program. However, the IPA permits release of personal information
maintained by State agencies with the written consent from the individual who is the subject of the request. At the request of the California Workforce Association, the EDD chartered a work group for the purposes of meeting the information needs of the WIA Subgrantees within these legal constraints. This work group included representatives from the Local Workforce Investment Areas (LWIA) and EDD staff from the Workforce Investment Division (WID), Unemployment Insurance Division, Job Service Division and the Information Security Office. Pursuant to their recommendations, this directive implements a new process for WIA Subgrantees to obtain the UI claimant information from the UI Program.

POLICY AND PROCEDURES:

The EDD Job Service (JS) Offices will be directed to stop processing TCWIB and Service Providers requests for UI client data as of November 21, 2005. Effective after that date, any WIB Staff, WTW Staff and Service Provider wishing to obtain UI client data to determine eligibility for a WIA client or potential client or to evaluate service strategy must follow the procedures outlined in this directive. The TCWIB Staff, WTW Staff and Service Providers should make every attempt to obtain all required UI eligibility information directly from their client. The following table identifies information provided to a client through the UI program for verification of employment and claim status.

<table>
<thead>
<tr>
<th>Data That Will Be Released Via the WIA UI-DCAF</th>
<th>Alternate Source Data Can Be Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly Wages for the Most Recent completed Three Quarters</td>
<td>Notice of Unemployment Insurance Award, DE 429; OR Job Training Automation (JTA) system, Print Base Wage Report</td>
</tr>
<tr>
<td>Effective and Ending Date of Claim</td>
<td>Notice of Unemployment Insurance Award, DE 429</td>
</tr>
<tr>
<td>Claim Award</td>
<td>Notice of Unemployment Insurance Claim Filed, DE 1101CLMT</td>
</tr>
<tr>
<td>Last Employment/Address</td>
<td>Notice of Unemployment Insurance Claim Filed, DE 1101CLMT</td>
</tr>
<tr>
<td>Last Day Worked</td>
<td>Notice of Unemployment Insurance Claim Filed, DE 1101CLMT</td>
</tr>
<tr>
<td>Reason for Separation</td>
<td>Automated UI Check Stub Message</td>
</tr>
<tr>
<td>Claim Balance Benefits Exhausted</td>
<td></td>
</tr>
</tbody>
</table>

If the client is unable to provide sufficient information, TCWIB Staff, WTW Staff and Service Providers may use the process outlined in this procedure to request data directly from the EDD UI Program. A WIA UI—Data Consent Authorization Form (DCAF), Attachment 1, will be required from the client to allow release of the UI claim status and wage information. With concurrence of the work group, the UI Program has agreed to process the WIA UI—DCAF within three business days of receipt.
Prior to submission of a data request for processing by the EDD UI Program, TCWIB Staff, WTW Staff and Service Providers must fax or mail to EDD a completed Request to Assign or Change Location Code form (Attachment 3). The procedure for completing this form is outlined in Part A below. Because the information transmitted by the EDD in response to submission of a WIA UI—JCAF is confidential, the EDD must make a reasonable effort to assure that the information provided is faxed or mailed to a location authorized to receive confidential information and received by someone fully informed about the procedures for the use of confidential data as specified in the WIA Subgrant Agreement Exhibit BB Item 20.

A. Procedure to Request to Assign or Change a Location Code

1. Each subgrantee wishing to use the WIA UI—DCAF to receive UI information for WIA applicants or program participants must complete the Request to Assign or Change Location Code form (Attachment 3). The subgrantee will assign a Location Code to each business location (mailing address and fax number) where UI information may be transmitted. In order to comply with the computer process developed, the Location Code must consist of the three-letter WIA subgrantee code, a dash, and then a two-digit number to identify each physical location. For example, if subgrantee “XYZ” provides only one address and fax number for responses, the Location Code could be XYZ-01. If subgrantee XYZ assigns multiple Location Codes for receipt of UI data the codes might be XYZ-01, XYZ-02, and so on. The two digit numeric code is required to be sequential. Please limit the number of designated Location Codes to the minimum necessary to effectively transact business. Submitted by local WIB to EDD on 11-15-05.

2. The LWIA or subgrantee administrator or the individual designated in the PY 2005–06 Subgrant Agreement is responsible for the administration of confidential information (PY 2005–06 Subgrant Agreement, Exhibit BB, Item 20.f) must sign the Request to Assign or Change Location Code form.

3. The subgrantee must adopt administrative, technical, and physical safeguards to protect the privacy and confidentiality of the UI data. This includes ensuring that the UI data is sent to securely located fax machines—*housed in areas without public access*. Subgrantees have the option, and are encouraged, to use fax modems (i.e., fax numbers that transport directly into a personal computer) rather than traditional fax machines. However, a traditional fax machine located in an area not accessible to the public is acceptable.

4. The Request to Assign or Change Location Code form should be mailed or faxed to:

   ATTN: Performance Management Unit  
   Workforce Investment Division, MIC 69  
   Employment Development Department  
   PO BOX 826880  
   Sacramento, CA 94260-0001  
   OR  
   Fax (916) 654-9586

The WID should be notified immediately of any change of address or fax number associated with an assigned Location Code.
B. Procedure to Request UI Claim Status or Wage History on a WIA Client

1. WIB Staff, WTW staff and Service Providers may fax or mail the attached WIA UI—DCAF to the UI Program at the fax number or address indicated on the form. Please note, within the next four to six weeks there will be a change in the mailing address associated with this process. Because the UI Program is uncertain about the workload volume associate with this process, initially, this process will be administered through the UI Central Office. Once this pilot period has ended, the address for mailed requests will be changed. The fax number will not change. The WIA UI—DCAF authorizes the EDD to release records pertaining to the WIA client’s UI status. The client completes the top half of the WIA UI—DCAF and the caseworker completes the bottom half. Line item instructions for the WIA UI—DCAF are included with this Directive as Attachment 2.

2. The subgrantee must add their own letterhead to the attached WIA UI—DCAF template. The UI Program will not accept or process WIA UI—DCAF’s that are not on WIA subgrantee letterhead.

3. The WIA client must indicate on the WIA UI—DCAF if the response to the data request will be sent via fax or mail.

4. The EDD will only respond to WIA subgrantee data requests submitted on WIA UI—DCAF forms signed and dated by the WIA client. The UI Program will verify that the Social Security Number on the WIA UI—DCAF is valid and matches the name provided.

5. The WIA UI—DCAF must include a valid Location Code.

5. In the lower right hand corner of the WIA UI—DCAF form the subgrantee should be marked to indicate whether the information is needed for “Pre” or “Post” enrollment. Pre-enrollment responses will vary based on the clients UI claim status. Sample response forms are included in this directive as Attachment 4.

If pre-enrollment data is selected, the following data will be provided, as appropriate, based on the client’s UI status:

☐ Wage information for the most recent three completed quarters.
☐ Current claim information (claim award, claim balance, if benefits are exhausted, last employer name/address, date last worked, and if reason for separation was laid off due to lack of work.
☐ If no current claim on file, available information on any claim in the last nine months.

If post-enrollment data is selected— if available, the UI response will include:

☐ Wage and Employer information for the most recent three completed quarters.

7. Upon receipt of the WIA UI—DCAF, the UI Program will process the request and, as requested by the client, fax or mail the response to the location identified by the Location Code. The original, if faxed, or a copy, if mailed, of the WIA UI—DCAF must be kept in the client’s file and is subject to audit.
8. A signed WIA UI—DCAF is valid for 12-months. If 12-months have passed and TCWIB staff, WTW Staff and TCWIB Service Providers wish to obtain updated UI client information, a new WIA UI—DCAF must be obtained from the client.

ACTION:
Each WIA subgrantee wishing to receive UI client data from the EDD must submit the Request to Assign, or Change Location Code form attached to this directive. In order to void any disruption in your access to this UI information for your clients, please submit forms by November 14, 2005. Adds, changes, or deletions to this initial list may be submitted at any time.

Immediately call the change in this procedure to the attention of the affected staffs.

INQUIRIES:
Please direct inquiries about this directive to the Tulare County Workforce Development, Sr. Analyst, Leonor Salas Alcazar at (559) 713-5200.

Joseph H. Daniel
Administrator

LA:KF

Attachments:
1. WIA UI—Data Consent Authorization Form (DOC)
2. Line Item Instructions for WIA UI—DCAF (PDF)
3. Request to Assign or Change Location Code Form (DOC)
4. Sample Responses (PDF)
TO: EMPLOYMENT DEVELOPMENT DEPARTMENT  
Unemployment Insurance Division, MIC 40  
PO Box 826880  
Sacramento, CA. 94280-0001  

EDD FAX No.: (916) 319-1486

WIA UI - DATA CONSENT AUTHORIZATION FORM

ALL OF THE FOLLOWING ENTRIES MUST BE COMPLETED

COMPLETED BY CLIENT

I. _______________________, authorize the Employment Development Department

(PRINT OR TYPE APPLICANT’S FULL (FIRST, MI, LAST) NAME AUTHORIZING THE RELEASE OF THE UI INFORMATION)

to release a copy of the following records pertaining to my Unemployment Insurance (UI) information:

• Total dollar amount of wages by quarter as reported by my former employers for the last three completed quarters,
• Beginning and ending dates of most recent valid UI claim and claim award (weekly and maximum benefit amount), claim balance, and whether I have exhausted my benefits.
• Last employer name and address, last date worked, and whether laid off due to lack of work.

I also authorize the Workforce Investment Act (WIA) entity referenced below to use my EDD information for purposes related to my eligibility under the Workforce Investment Act--Public Law 105-220--for the Dislocated Worker Program and for other WIA services or programs. This Authorization shall remain in effect for 12 months from the date signed below.

CLIENT’S SIGNATURE: _______________________

SIGNATURE DATE / /  CLIENT’S SSN: / /

COMPLETED BY THE SUBGRANTEE CASE WORKER

I certify under penalty of perjury that the original copy of this Consent Authorization was signed and dated by the individual who is the subject of this request and available for EDD inspection upon request. It will be made part of the case file.

SUBGRANTEE NAME _______________________

SUBGRANTEE CASE WORKER SIGNATURE ( ) - / /

SUBGRANTEE CASE WORKER PHONE NUMBER _______________________

CONFIDENTIALITY NOTICE:

• The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, EDD may be unable to locate any or all of the records requested without it.
• This notice is for the sole use of the intended recipients. It contains confidential information. Under Penal Code 502 and Civil Code 1798.53 any unauthorized review, use, disclosure, or distribution of the content of this document is prohibited and subject to criminal penalties/lines.
• If you are not the intended recipient of document, please return it to the originating agency.

WUI-DCAF Rev 1 (10-05)
CONFIDENTIALITY NOTICE:

- The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, EDD may be unable to locate any or all of the records requested without it.
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INSTRUCTIONS: Submit on Subgrantee letterhead and complete all entries. Forms with blank fields will not be processed. Please note: The EDD response will include the Applicant’s name and only the last four numbers of the social security number pursuant to Civil Code Section 1798.29.
**SUBGRANTEE INSTRUCTIONS FOR**
**WIA UI- DATA CONSENT AUTHORIZATION FORM (WIA UI-DCAF)**

### PREPARING WIA UI-DCAF TEMPLATE/FORM

1. Print WIA UI-DCAF template on subgrantee letterhead paper.
2. Applicant and subgrantee caseworker must complete all designated entries on form.
3. Applicant and subgrantee caseworker must sign and date form.
4. Form must include LOCATION CODE assigned to subgrantee requester.
5. Transmit form via fax or mail depending on applicant’s choice to the UI address or fax number on the top of the WIA UI-DCAF form.
6. If mail method is selected, mail original consent form to UI address on top of form. Keep a copy of form in the applicant’s case file.
7. Mark if requesting Pre-enrollment or Post-enrollment data. Pre-enrollment responses will include eligibility related data fields (Samples 1 – 6), and Post-enrollment responses will not (Sample 7).
8. The subgrantee is responsible for reporting any changes or updates to the subgrantee fax phone numbers or subgrantee mailing address to WID-Attn: Performance Management Unit as indicated in WID’s directive. Illegible or incomplete forms will be returned to the requester.

<table>
<thead>
<tr>
<th>FIELDS ON FORM</th>
<th>REQUIRED DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT'S NAME</td>
<td>Type or legibly print the applicant’s first, middle initial and last name. Also, include any additional name(s) used by applicant within the last two years while working and/or to file an unemployment insurance claim.</td>
</tr>
<tr>
<td>APPLICANT'S SIGNATURE</td>
<td>Must be the applicant’s complete signature. No initials.</td>
</tr>
<tr>
<td>SIGNATURE DATE</td>
<td>Actual date the applicant signed this form.</td>
</tr>
<tr>
<td>APPLICANT'S SSN</td>
<td>Type or legibly print the applicant’s SSN.</td>
</tr>
<tr>
<td>TRANSMIT MY UI INFORMATION VIA</td>
<td>Select one box only with an “X”. Applicant must select the method this form must be submitted to UI.</td>
</tr>
<tr>
<td>SUBGRANTEE NAME</td>
<td>Type or legibly print the full name of the subgrantee requesting the information.</td>
</tr>
<tr>
<td>SUBGRANTEE CASEWORKER NAME</td>
<td>Type or legibly print the name of the subgrantee caseworker to which data requested is to be sent.</td>
</tr>
<tr>
<td>SUBGRANTEE CASEWORKER SIGNATURE</td>
<td>Signature of the subgrantee caseworker requesting the data. No initials.</td>
</tr>
<tr>
<td>SUBGRANTEE CASEWORKER PHONE NUMBER</td>
<td>Contact phone number for subgrantee caseworker.</td>
</tr>
<tr>
<td>DATE</td>
<td>Actual date the subgrantee caseworker signed the form.</td>
</tr>
<tr>
<td>SUBGRANTEE LOCATION CODE</td>
<td>Identification code assigned to the subgrantee office requesting the data based on county and office location.</td>
</tr>
<tr>
<td>DATA REQUEST TYPE</td>
<td>Select one box only with an “X”.</td>
</tr>
</tbody>
</table>
REQUEST TO ASSIGN OR CHANGE LOCATION CODE

DATE OF REQUEST: ________________________________

NAME OF LWIA/SUBGRANTEE: ________________________________

NAME OF REQUESTOR: ________________________________

PHONE NUMBER OF REQUESTOR: ________________________________

| LOCATION  | ADDRESS RESPONSE CAN BE SENT TO: | FAX NUMBER RESPONSE CAN BE SENT TO: | ADD, DELETE, CHANGE |
| CODE      | (SUBGRANTEE CODE – 00):           |                                     |                     |
| ______    | - ______                          | - ______                             |                     |
| ______    | - ______                          | - ______                             |                     |
| ______    | - ______                          | - ______                             |                     |
| ______    | - ______                          | - ______                             |                     |
| ______    | - ______                          | - ______                             |                     |
| ______    | - ______                          | - ______                             |                     |
| ______    | - ______                          | - ______                             |                     |
| ______    | - ______                          | - ______                             |                     |

- **Add** = new Location Code, address and fax number.
- **Delete** = delete Location Code and corresponding address and fax number.
- **Change** = Location Code previously assigned remains the same, but change is made to address or fax number or both.

Authorized Signature of Requestor ________________________________ Date

Authorized Signature of Subgrantee Administrator ________________________________ Date
SACRAMENTO EMPLOYMENT & TRAINING

ATTN: CATHY CASEWORKER

925 Del Paso Blvd.

SACRAMENTO, CA 95815

LOCATION CODE SAC-01

RESPONSE TO LOCAL WORKFORCE INVESTMENT AGENCIES (LWIA) REQUEST FOR UNEMPLOYMENT INSURANCE (UI) INFORMATION

This notice is in response to your agency’s request for UI information on:

Name  JESSE ANDERSON
LAST FOUR OF SSN  1235

Claim Status:
Name does not match the SSN provided.

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PRIVATE INDUSTRY COUNCIL OF SF, INC.
ATTN: CATHY CASEWORKER
745 FRANKLIN ST, #200
SAN FRANCISCO, CA 94114

RESPONSE TO LOCAL WORKFORCE INVESTMENT AGENCIES (LWIA) REQUEST FOR UNEMPLOYMENT INSURANCE (UI) INFORMATION

This notice is in response to your agency’s request for UI information on:

**Name:** JENNIFER JAMES  
**LAST FOUR OF SSN:** 1589

<table>
<thead>
<tr>
<th>Quarter /Year</th>
<th>SEP 2004</th>
<th>DEC 2004</th>
<th>MAR 2005</th>
<th>Employer Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$3005</td>
<td>IKEA</td>
</tr>
<tr>
<td></td>
<td>$2000</td>
<td>$0</td>
<td>$500</td>
<td>MACYS</td>
</tr>
<tr>
<td><strong>Total Wages</strong></td>
<td><strong>$2000</strong></td>
<td><strong>$0</strong></td>
<td><strong>$3505</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Claim Status:**
No Claim on file within the last 9 months.
SANTA BARBARA COUNTY

ATTN: CATHY CASEWORKER

234 CAMINO DEL REMEDIO

SANTA BARBARA, CA 93110

RESPONSE TO LOCAL WORKFORCE INVESTMENT AGENCIES (LWIA)
REQUEST FOR UNEMPLOYMENT INSURANCE (UI) INFORMATION

This notice is in response to your agency’s request for UI information on:

Name  JENNIFER JAMES  LAST FOUR OF SSN  1589

<table>
<thead>
<tr>
<th>Quarter /Year</th>
<th>SEP 2004</th>
<th>DEC 2004</th>
<th>MAR 2005</th>
<th>Employer Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7000</td>
<td>$1000</td>
<td>$0</td>
<td>MACYS</td>
</tr>
<tr>
<td><strong>Total Wages</strong></td>
<td>$7000</td>
<td>$1000</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Claim Status:
Current valid claim on file.

**Current Claim Information:**

- Benefit Year Beginning Date: 11 / 07 / 2004
- Benefit Year Ending Date: 11 / 05 / 2005

- Weekly Benefit Amount: $310
- Claim Balance: $1002.00
- Benefits exhausted: Yes  No X

**All benefits subject to change pending UI eligibility.**

**PLEASE NOTE: School employees may have a reduced award per Section 1253.3 of the California Unemployment Insurance Code.**

Last Employer Name and Address:

Macys Department Store
100 Main Street
Santa Maria, CA 93001

Last Date Worked:

10 / 25 / 2004

Laid Off Lack Of Work:

Yes X  No _

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

Date: 09/26/05

WORKFORCE INVESTMENT NETWORK
ATTN: CATHY CASEWORKER
1775 STORY ROAD, #120
SAN JOSE, CA. 95122

RESPONSE TO LOCAL WORKFORCE INVESTMENT AGENCIES (LWIA)
REQUEST FOR UNEMPLOYMENT INSURANCE (UI) INFORMATION

This notice is in response to your agency’s request for UI information on:

Name JENNIFER JAMES
LAST FOUR OF SSN 1589

Total Quarterly Wages Listed for the Last Three Completed Calendar Quarters Ending:

<table>
<thead>
<tr>
<th>Quarter /Year</th>
<th>SEP 2004</th>
<th>DEC 2004</th>
<th>MAR 2005</th>
<th>Employer Name</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>$7000</td>
<td>$1000</td>
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</tr>
<tr>
<td>Total Wages</td>
<td>$7000</td>
<td>$1000</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Claim Status:
Current claim on file. Monetary eligibility pending.
IMPERIAL CTY OFFICE OF EMP & TRNG  
ATTN: CATHY CASEWORKER  
2695 S. 4TH ST., BLDG D  
EL CENTRO, CA  92243

RESPONSE TO LOCAL WORKFORCE INVESTMENT AGENCIES (LWIA) 
REQUEST FOR UNEMPLOYMENT INSURANCE (UI) INFORMATION

This notice is in response to your agency’s request for UI information on:

Name  **JENNIFER JAMES**  
LAST FOUR OF SSN  **1589**

<table>
<thead>
<tr>
<th>Quarter /Year</th>
<th>SEP 2004</th>
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<tr>
<td>Total Wages</td>
<td>$0</td>
<td>$0</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

Claim Status: 
Claim filed in the last 9 months is invalid.

Last Employer Name and Address: 
**Macys**  
200 Market Street  
Brawley, CA  92200

Last Date Worked:  
03 / 30 / 2005

Laid Off Lack Of Work:  
Yes  _  No  X  

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RESPONSE TO LOCAL WORKFORCE INVESTMENT AGENCIES (LWIA)
REQUEST FOR UNEMPLOYMENT INSURANCE (UI) INFORMATION

This notice is in response to your agency’s request for UI information on:

Name: JENNIFER JAMES
LAST FOUR OF SSN: 1589

Total Quarterly Wages Listed for the Last Three Completed Calendar Quarters Ending:

<table>
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<tr>
<th>Quarter /Year</th>
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<th>MAR 2005</th>
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<td>Total Wages</td>
<td>$7006</td>
<td>$9005</td>
<td>$3005</td>
<td></td>
</tr>
</tbody>
</table>

Claim Status:
Claim filed in the last 9 months has expired- Benefit year of claim has ended.

Claim Information:
Benefit Year Beginning Date: 5 / 09 / 2004
Benefit Year Ending Date: 5 / 08 / 2005

Last Employer Name and Address:
Macys
414 K Street, Downtown Plaza
Sacramento, CA 95814

Last Date Worked:
4 / 30 / 2004

Laid Off Lack Of Work:
Yes x No _
**EDD TELEPHONE NUMBERS:**
- **ENGLISH** 1-800-300-5616
- **SPANISH** 1-800-326-8937
- **CANTONESE** 1-800-547-3506
- **MANDARIN** 1-866-303-0706
- **VIETNAMESE** 1-800-547-2058
- **TTY (NON VOICE)** 1-800-815-9387

---

**Date:** 09/26/05

**Madera Cty Department of Edu WIA Office**  
**ATTN:** Cathy Caseworker

209 East 7th Street  
Madera, CA 93638

**LWIA FAX CODE:** MAD-08

---

**RESPONSE TO LOCAL WORKFORCE INVESTMENT AGENCIES (LWIA)**  
**REQUEST FOR UNEMPLOYMENT INSURANCE (UI) INFORMATION**

This notice is in response to your agency’s post-enrollment request for UI wage information on:

**Name:** JENNIFER JAMES  
**LAST FOUR OF SSN:** 1589

---

**Total Quarterly Wages Listed for the Last Three Completed Calendar Quarters Ending:**

<table>
<thead>
<tr>
<th>Quarter /Year</th>
<th>SEP 2004</th>
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<td><strong>$0</strong></td>
<td><strong>$3505</strong></td>
<td></td>
</tr>
</tbody>
</table>

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