

<b>TULARE COUNTY WORKFORCE INVESTMENT BOARD, INC.</b>  <b>WORKFORCE INVESTMENT ACT TITLE I-B ACTIVITIES</b> <b>WELFARE-TO-WORK GRANT ACTIVITIES</b>	<b>DATE:</b> <b>October 5, 2005</b>
	<b>SUBJECT:</b> <b>Release of Confidential</b> <b>Unemployment Insurance Info.</b>

**TCWIB DIRECTIVE**

**TCWIBD-05-8**

**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 TCWIB 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
- Workforce Investment Act of 1998, Public Law 105-220, August 7, 1998
- WIA Program Year (PY) 2004-05 Contract, Exhibit BB, Item 20

**STATE-IMPOSED 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.

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

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 94280-0001  
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 associated 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—DCAFs 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.
6. 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 client's 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)

<CLICK HERE AND PASTE LETTERHEAD>

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 SELECT ONE)
<b>TRANSMIT MY CONSENT AND UI INFORMATION VIA:</b>
<input type="checkbox"/> U.S. Mail --(With original consent form to EDD.)
<input type="checkbox"/> FAX to the EDD number listed above and to the Subgrantee's number according to the Location Code.
<b>NOTE:</b>
• <i>A Fax or a photocopy of this form is deemed as valid as the original Consent Authorization.</i>
• <i>Personal Information transmitted via FAX (a public network) may not be protected against unauthorized access while in transit.</i>

<b>CLIENT'S SIGNATURE:</b> _____
<b>SIGNATURE DATE</b> ____ / ____ / ____ <b>CLIENT'S SSN:</b> ____ / ____ / ____

### 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.

_____	<b>LOCATION CODE</b>
<small>SUBGRANTEE NAME</small>	_____
_____	<b>DATA REQUEST TYPE</b>
<small>PRINT OR TYPE NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT</small>	<small>(SELECT ONE)</small>
_____	<input type="checkbox"/> Pre-enrollment
<small>REQUESTING SUBGRANTEE CASE WORKER SIGNATURE</small>	<input type="checkbox"/> Post-enrollment
( ) - ____ / ____	
<small>SUBGRANTEE CASE WORKER PHONE NUMBER</small>	<small>SIGNATURE DATE</small>

**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/fines.*
- *If you are not the intended recipient of document, please return it to the originating agency.*

**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.

**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/fines.*
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**SUBGRANTEE INSTRUCTIONS FOR  
WIA UI- DATA CONSENT AUTHORIZATION FORM (WIA UI-DCAF)**

<b>PREPARING WIA UI-DCAF TEMPLATE/FORM</b>	
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 <b>must</b> 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 <b>WID-Attn: Performance Management Unit</b> as indicated in WID's directive. Illegible or incomplete forms will be returned to the requester.

<b>FIELDS ON FORM</b>	<b>REQUIRED DATA</b>
APPLICANT'S NAME	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.
APPLICANT'S SIGNATURE	Must be the applicant's complete signature. No initials.
SIGNATURE DATE	Actual date the applicant signed this form.
APPLICANT'S SSN	Type or legibly print the applicant's SSN.
TRANSMIT MY UI INFORMATION VIA	Select one box only with an "X". Applicant must select the method this form must be submitted to UI.
SUBGRANTEE NAME	Type or legibly print the full name of the subgrantee requesting the information.
SUBGRANTEE CASEWORKER NAME	Type or legibly print the name of the subgrantee caseworker to which data requested is to be sent.
SUBGRANTEE CASEWORKER SIGNATURE	Signature of the subgrantee caseworker requesting the data. No initials.
SUBGRANTEE CASEWORKER PHONE NUMBER	Contact phone number for subgrantee caseworker.
DATE	Actual date the subgrantee caseworker signed the form.
SUBGRANTEE LOCATION CODE	Identification code assigned to the subgrantee office requesting the data based on county and office location.
DATA REQUEST TYPE	Select one box only with an "X".



TO: Performance Management Unit  
 Workforce Investment Division  
 FAX: (916) 654-9586  
 MAIL: PO Box 826880, MIC 69  
 Sacramento, CA 94280-0001

**REQUEST TO ASSIGN OR CHANGE LOCATION CODE**

DATE OF REQUEST: \_\_\_\_\_

NAME OF LWIA/SUBGRANTEE: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

PHONE NUMBER OF REQUESTOR: \_\_\_\_\_

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

- **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



**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

**SACRAMENTO EMPLOYMENT & TRAINING**

**ATTN: CATHY CASEWORKER**

**925 Del Paso Blvd.**

**LOCATION CODE SAC-01**

**SACRAMENTO, CA 95815**

**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

<p><b>Claim Status:</b>  <b>Name does not match the SSN provided.</b></p>
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P.O. Box 826880, MIC 40, SACRAMENTO, CA 94280-0001

Date:      / 26 / 05

PRIVATE INDUSTRY COUNCIL OF SF, INC.

ATTN: CATHY CASEWORKER

745 FRANKLIN ST, #200

SAN FRANCISCO, CA 94114

LOCATION CODE SFO-02

**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:**

Quarter /Year	SEP 2004	DEC 2004	MAR 2005	Employer Name
	\$0	\$0	\$3005	IKEA
	\$2000	\$0	\$500	MACYS
<b>Total Wages</b>	\$2000	\$0	\$3505	

**Claim Status:**

**No Claim on file within the last 9 months.**

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Date: 09 / 26 / 05

**SANTA BARBARA COUNTY**

**ATTN: CATHY CASEWORKER**

**234 CAMINO DEL REMEDIO**

**SANTA BARBARA, CA 93110**

**LOCATION CODE SBA-04**

**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:**

Quarter /Year	SEP 2004	DEC 2004	MAR 2005	Employer Name
	\$7000	\$1000	\$0	MACYS
<b>Total Wages</b>	\$7000	\$1000	\$0	

**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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Date: 09 / 26 / 05

**WORKFORCE INVESTMENT NETWORK**

**ATTN: CATHY CASEWORKER**

**1775 STORY ROAD, #120**

**SAN JOSE, CA. 95122**

**LOCATION CODE SJI-05**

**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:**

Quarter /Year	SEP 2004	DEC 2004	MAR 2005	Employer Name
	\$7000	\$1000	\$0	MACYS
<b>Total Wages</b>	\$7000	\$1000	\$0	

**Claim Status:**

**Current claim on file. Monetary eligibility pending.**

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Date: 09 / 26 / 05

IMPERIAL CTY OFFICE OF EMP & TRNG

ATTN: CATHY CASEWORKER

2695 S. 4<sup>TH</sup> ST., BLDG D

EL CENTRO, CA 92243

LOCATION CODE IMP-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 JENNIFER JAMES

LAST FOUR OF SSN 1589

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

Quarter /Year	SEP 2004	DEC 2004	MAR 2005	Employer Name
	\$0	\$0	\$100	MACYS
<b>Total Wages</b>	\$0	\$0	\$100	

**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

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Date: 09 / 26 / 05

Fresno Area Workforce Investment Corp.

ATTN: Cathy Caseworker

2035 Tulare St, Suite 203

Fresno, CA 93721

**LWIA FAX CODE: FRS-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 JENNIFER JAMES

LAST FOUR OF SSN 1589

Total Quarterly Wages Listed for the Last Three Completed Calendar Quarters Ending:				
Quarter /Year	SEP 2004	DEC 2004	MAR 2005	Employer Name
	\$7006	\$9005	\$3005	Macys
<b>Total Wages</b>	\$7006	\$9005	\$3005	
<b>Claim Status:</b> Claim filed in the last 9 months has expired- Benefit year of claim has ended.				
<b>Claim Information:</b> Benefit Year Beginning Date: <u>5 / 09 / 2004</u> Benefit Year Ending Date: <u>5 / 08 / 2005</u>				
<b>Last Employer Name and Address:</b> <u>Macys</u> <u>414 K Street, Downtown Plaza</u> <u>Sacramento, CA 95814</u>			<b>Last Date Worked:</b> <u>4 / 30 / 2004</u>	
			<b>Laid Off Lack Of Work:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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Date: 09 / 26 / 05

Madera Cty Department of Edu WIA Office

ATTN: Cathy Caseworker

209 East 7<sup>th</sup> 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:				
Quarter /Year	SEP 2004	DEC 2004	MAR 2005	Employer Name
	\$0	\$0	\$3005	IKEA
	\$2000	\$0	\$500	MACYS
<b>Total Wages</b>	\$2000	\$0	\$3505	

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