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TUL 25-06 Release of Confidential UI Info Directive

GENERAL INSTRUCTIONS

The attached directive is being issued in draft to give the Workforce Development Community the opportunity to review and comment prior to final issuance.

Submit any comments by email no later than **Thursday, November 13, 2025**.

All comments received within the comment period will be considered before issuing the final directive. Commenters will not be responded to individually. Rather, a summary of comments will be released with the final directive.

Comments received after the specified due date will not be considered.

Email: Lucero.sanchez@tularewib.org

Include "Draft Directive Comment" in the email subject line.

Mail: Workforce Investment Board of Tulare County
 Attn: Lucero Sanchez
 309 W. Main St., Ste. 120
 Visalia, CA 93291

If you have any questions, contact Lucero Sanchez at 559-713-5201.



DIRECTIVE

Workforce Investment Board of Tulare County

Date: Month Date, Year

TUL 25-06 Release of Confidential UI Information

EXECUTIVE SUMMARY:

This policy provides guidance and establishes procedures regarding the process for Workforce Innovation and Opportunity Act (WIOA) subrecipients to obtain Unemployment Insurance (UI) claimant information from the Employment Development Department (EDD) for WIOA customers. This policy applies to all WIOA subrecipients and is effective immediately.

This directive contains State-imposed requirements. ***This directive contains no WIB-imposed requirements.***

This Directive supersedes WIB Directive TUL 05-8, Release of Confidential Unemployment Insurance, dated October 5, 2005. Retain this Directive until further notice.

REFERENCES:

- Workforce Innovation and Opportunity Act of 2014, Public Law 113-128, July 22, 2014
- California Unemployment Insurance Code, Section 1094, 2111
- Information Practices Act (IPA), California Civil Code 1798-1798.78
- Current WIOA Program Year (PY) Subgrant Agreement, General Provisions, Item 20
- Workforce Services Directive (WSD) [16-08](#), Release of Confidential UI Information (October 3, 2016)

BACKGROUND:

The UI Code prohibits the disclosure of UI claimant information for purposes not related to the administration of the UI Program. However, the Information Practices Act (IPA) permits release of personal information maintained by state agencies with the written consent from the individual who is the subject of the request. Currently, the EDD processes Data Consent Authorization Forms (DCAF) that provide WIOA subrecipients confidential UI information to determine a customer's

WIOA eligibility, although, some confidential UI claim data can now be accessed online by UI claimants due to the implementation of UI OnlineSM.

POLICY AND PROCEDURES:

WIOA subrecipients wishing to obtain UI claimant data to determine eligibility for a WIOA customer or potential customer, or to evaluate how to best serve them, should first attempt to obtain all required UI eligibility information directly from the customer. WIOA subrecipients should first request that customers provide their confidential UI information by accessing their [UI Online](#) account, or from the Notice of Unemployment Insurance Award ([DE 429Z](#)) letter, Notice of Unemployment Insurance Claim Filed ([DE 1101CLMT](#)) letter, or the Automated UI Check Stub Message. Therefore, the DCAF process should only be used when all other means of obtaining the WIOA customer's relevant UI information directly from the customer have been exhausted.

The following table identifies specific confidential UI information provided to a WIOA customer through the UI Program for verification of employment and claim status:

UI Data That Will Be Released via the WIOA DCAF	Alternate UI Data Sources
Quarterly Wages for the Most Recent Completed Three Quarters	• Notice of Unemployment Insurance Award (DE 429Z)
Effective and Ending Date of Claim	• UI Online (Account Homepage) • Notice of Unemployment Insurance Award (DE 429Z) • Notice of Unemployment Insurance Claim Filed (DE 1101CLMT) (Only Effective Date of Claim)
Claim Award	• UI Online (Account Homepage) • Notice of Unemployment Insurance Award (DE 429Z)
Last Employer Name and Address Last Day Worked Reason for Separation	• UI Online (Account Homepage) • Notice of Unemployment Insurance Claim Filed (DE 1101CLMT)
Claim Balance Benefits Exhausted	• UI Online (Account Homepage) • Automated UI Check Stub Message

The WIOA subrecipients are encouraged to assist the customer in obtaining their confidential UI information from their UI Online account. Prior to registering on UI Online, WIOA customers must have their EDD Customer Account Number, which can be found on their Employment Development Department (EDD) Customer Account Number ([DE 5614](#)) letter.

WIOA customers may contact an EDD UI Representative to retrieve their EDD Customer Account Number, in the event that the DE 5614 letter provided by the EDD has been misplaced or lost.

In the event that the initial UI letter(s) provided by the EDD has been misplaced or lost, the WIOA customer may request that the EDD mail another copy of their DE 429Z and DE 1101CLMT letters to

them through [Ask EDD](#) by selecting the “Unemployment Insurance Benefits” category. However, WIOA customers are to be advised of the potential delay in receiving a copy of their UI letter(s) due to the mailing process.

For the UI Online Fact Sheet, instructional videos and resources, please visit [EDD UI Online](#).

If the WIOA customer is unable to provide sufficient information, WIOA subrecipients may use the DCAF process outlined below as an option of last resort to collect UI claim data by submitting a WIOA UI - Data Consent Authorization Form (DCAF) to the EDD UI Program. The WIOA UI-DCAF (Attachment 1), will be required from the WIOA customer to allow release of the UI claim status and UI wage information. The UI Program has agreed to process the DCAF within three (3) business days of receipt.

Prior to submission of WIOA UI-DCAF for processing by the EDD UI Program, the WIOA subrecipient must email, 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 below. Because the information transmitted by the EDD in response to submission of a WIOA UI-DCAF 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 Subrecipient Statement of Work, General Provisions – Confidentiality Requirements.

Procedure to Request to Assign or Change a Location Code

1. Each WIOA subrecipient who needs to use the WIOA UI-DCAF to receive UI information for WIOA customers or program participants must complete the Request to Assign or Change Location Code form (Attachment 3). The EDD WSD staff will assign the Location Code to each business location (mailing address and fax number) where UI information may be transmitted. In order to comply with the automated process, the Location Code must consist of the three-letter WIOA subrecipient code, a dash, and then a two-digit number to identify each physical location. For example, if subrecipient “XYZ” provides only one address and fax number for responses, the Location Code could be XYZ-01. If subrecipient “XYZ” provides multiple addresses and fax numbers 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.
2. The WIB, subrecipient administrator or the individual designated in the current WIOA PY Subgrant Agreement, who is responsible for the administration of confidential information (Subrecipient Statement of Work, General Provisions – Confidentiality Requirements), must sign the Request to Assign or Change Location Code form.
3. The WIOA subrecipient 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. Subrecipients 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 must be submitted to the Central Office Workforce Services Division (COWSD) at the email address, fax number, or mailing address indicated on the form. The COWSD must be notified immediately of any change of address or fax number associated with an assigned Location Code.

Procedure to Request UI Claim Information of a WIOA Customer

1. The WIOA subrecipient may fax or mail the attached WIOA UI-DCAF to the UI Program at the fax number or address indicated on the form.

The WIOA UI-DCAF authorizes the EDD to release records pertaining to the WIOA customer's UI status. The customer completes the top half of the WIOA UI-DCAF and the caseworker completes the bottom half. Line Item instructions for the WIOA UI-DCAF are included with this directive as Attachment 2.

2. The subrecipient must add their own letterhead to the attached WIOA UI-DCAF template. The UI Program will not accept or process WIOA UI-DCAFs that are not on WIOA subrecipient letterhead.

3. The WIOA customer must indicate on the WIOA UI-DCAF if the response to the data request will be sent via fax or mail.

4. The EDD will only respond to WIOA subrecipient data requests submitted on WIOA UI-DCAF forms signed and dated by the WIOA customer. The UI Program will verify that the Social Security Number on the WIOA UI-DCAF is valid and matches the name provided.

5. The WIOA UI-DCAF must include a valid Location Code.

6. Upon receipt of the WIOA UI-DCAF, the UI Program will process the request and, as requested by the WIOA customer, fax or mail the response to the location identified by the Location Code. The original, if faxed, or a copy, if mailed, of the WIOA UI-DCAF must be kept in the WIOA customer's file and is subject to audit.

7. A signed WIOA UI-DCAF is valid for 12-months. If 12-months have passed and WIOA subrecipients wish to obtain updated UI claimant information, a new WIOA UI-DCAF must be obtained from the WIOA customer.

A completed WIOA UI-Data Consent Authorization Form will allow the WIOA subrecipient access to the following confidential UI claimant information:

- Wage information for the most recent three completed quarters.
- Current claim information (claim award, claim balance, effective and ending date of claim, 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.

The confidential UI information obtained by WIOA subrecipients with the DCAF process outlined in this directive can be used as an acceptable documentation for only the following

Dislocated Worker (DW) eligibility criteria: Is eligible for or has exhausted entitlement to unemployment compensation. For acceptable documentation of other DW eligibility criteria, please refer to the appropriate WIOA Directive regarding eligibility. WIOA UI-DCAF should not be used for performance calculation(s). For performance related information, please refer to www.caljobs.ca.gov.

ACTION:

Please bring this directive to the attention of all WIB Subrecipients and WIB Staff.

INQUIRIES:

Please direct inquiries regarding this Directive to the WIB at (559) 713-5200.

Jennie Campos Bautista
Interim Executive Director

ATTACHMENTS:

- Attachment A (WIOA UI-Data Consent Authorization Form)
- Attachment B (Subrecipient Instructions for WIOA UI-Data Consent Authorization Form)
- Attachment C (Request to Assign or Change Location Code Form)

The Workforce Investment Board of Tulare County is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

CLICK HERE TO PASTE LETTERHEAD

TO: EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)
Unemployment Insurance Division, MIC 40
P.O. Box 826880
Sacramento, CA 94280-0001

EDD FAX No.: 916-319-1486

WIOA UI - DATA CONSENT AUTHORIZATION FORM

ALL OF THE FOLLOWING ENTRIES MUST BE COMPLETED

COMPLETED BY CUSTOMER

I, _____, authorize the Employment Development Department
PRINT OR TYPE CUSTOMER'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 Innovation and Opportunity Act (WIOA) entity referenced below to use my EDD information for purposes related to my eligibility under the WIOA, *Public Law 113-128*, for the Dislocated Worker Program and other WIOA services or programs. This Authorization shall remain in effect for 12 months from the date signed below.

(CUSTOMER SELECT ONE)

TRANSMIT MY CONSENT AND UI INFORMATION VIA:

- ☐ U.S. Mail –(With original consent form to EDD.)
- ☐ FAX to the EDD number listed above and to the Subrecipient's number according to the Location Code.

NOTE:

- *A Fax or a photocopy of this form is deemed as valid as the original Consent Authorization.*
- *Personal Information transmitted via FAX (a public network) may not be protected against unauthorized access while in transit.*

CUSTOMER'S SIGNATURE:

SIGNATURE DATE ____ / ____ / ____ **CUSTOMER'S SSN:** ____ / ____ / ____

COMPLETED BY THE SUBRECIPIENT 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.

LOCATION CODE

SUBRECIPIENT NAME

NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT

REQUESTING SUBRECIPIENT CASE WORKER SIGNATURE

() - / /
SUBRECIPIENT CASE WORKER PHONE NUMBER SIGNATURE DATE

INSTRUCTIONS: Submit on Subrecipient letterhead and complete all entries. Forms with blank fields will not be processed. Please note: The EDD response will include the customer'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.*
- *If you are not the intended recipient of document, please return it to the originating agency.*

SUBRECIPIENT INSTRUCTIONS FOR WIOA UI DATA CONSENT AUTHORIZATION FORM (WIOA UI DCAF)

STEPS FOR PREPARING WIOA UI-DCAF TEMPLATE

1. Print WIOA UI-DCAF template on subrecipient letterhead paper.
2. Customer and subrecipient caseworker must complete all designated entries.
3. Customer and subrecipient caseworker must sign and date form.
4. Form must include LOCATION CODE assigned to subrecipient requester.
5. Submit form via fax or U.S. mail depending on customer's choice to the UI address or fax number on the top of the WIOA UI-DCAF.
6. If mail method is selected, mail original consent form to UI address on top of form.
Keep a copy of form in the customer's case file.
7. The subrecipient is responsible for reporting any changes or updates to the subrecipient fax phone numbers or subrecipient mailing address to the Central Office Workforce Services Division as indicated in the directive. Illegible or incomplete forms will be returned to the requester.

FIELDS ON FORM	REQUIRED DATA
CUSTOMER'S NAME	Type or legibly print the customer's first, middle initial and last name. Include any additional name(s) used by customer within the last two years while working and/or to file an Unemployment Insurance claim.
CUSTOMER SIGNATURE	Must be the customer's complete signature. No initials.
SIGNATURE DATE	Actual date the customer signed this form.
CUSTOMER SSN	Type or legibly print the customer's Social Security Number.
TRANSMIT MY UI INFORMATION VIA	Select one box only with an "X". Customer must select the method this form must be submitted to UI.
SUBRECIPIENT NAME	Type or legibly print the full name of the subrecipient requesting the information.
SUBRECIPIENT CASEWORKER NAME	Type or legibly print the name of the subrecipient caseworker to which data requested is to be sent.
SUBRECIPIENT CASEWORKER SIGNATURE	Signature of the subrecipient caseworker requesting the data. No initials.
SUBRECIPIENT CASEWORKER PHONE NUMBER	Contact phone number for subrecipient caseworker.
SIGNATURE DATE	Actual date the subrecipient caseworker signed the form.
SUBRECIPIENT LOCATION CODE	Identification code assigned to the subrecipient office requesting the data based on county and office location.

To: Program Support Unit
Central Office Workforce Services Division, MIC 50
Employment Development Department
Mail: P.O. Box 826880
Sacramento, CA 94280-0001
Fax: 916-654-7921
Email: WARNNotice@edd.ca.gov

REQUEST TO ASSIGN OR CHANGE LOCATION CODE

DATE OF REQUEST _____

NAME OF SUBRECIPIENT _____

NAME OF REQUESTOR _____

PHONE NUMBER OF REQUESTOR _____

LOCATION CODE (SUBRECIPIENT 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 Subrecipient Administrator

Date