

NOTICE OF REDUCED EARNINGS

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER - -
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EDD USE ONLY Interviewer's Initial

NOTE: Issue a DE 2063 only for the seven-consecutive-day period corresponding to your payroll week. If you pay your workers less often than once each seven days, you must issue a DE 2063 for each calendar week (Sunday through Saturday) of partial unemployment.
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

AC

EMPLOYER'S STATEMENT FOR THE PAYROLL WEEKENDING DATE: _____ (MM/DD/YY)

1. Gross earnings (before deductions) were (if there were no earnings, enter Ø).....▶ \$ _____
2. Did this employee report for all work that was available during this payroll week?.....▶ Yes No
 (a) If the answer is "NO" give date(s) _____
 (b) REASON: _____
3. Why is this employee not working full-time? (Check one)
 Lay off due to lack of work (includes reduction in hours) Discharged Voluntary Quit
4. Enter the **last** date this employee performed any work in your employment either on or prior to the payroll weekending date shown above:
 _____ (MM/DD/YY)

EMPLOYER CERTIFICATION: I CERTIFY that the amount in Item 1 represents reduced earnings in a week of less than full-time work because of lack of work except as shown in Item 2.

ENTER YOUR _____ () ____ - ____
 Company Name Phone Number

_____ City Zip Code
 Address

X _____ - ____ - ____
 Employer Signature Employer Account Number

DATE ISSUED TO EMPLOYEE: _____ (MM/DD/YY)

ISSUE THIS FORM IMMEDIATELY AFTER PAYROLL WEEKENDING DATE SHOWN ABOVE

CLAIMANT:

You must complete this section. These questions and your answers are for the payroll weekending date(s) shown on the top of this form.

- A. Was there any reason other than lack of work why you couldn't have worked full-time each regular workday that week? ▶ Yes No
 (1) If yes, give reason, dates and time you could not work: _____
- B. Did you work for anyone other than your regular employer on any day in that week? (This includes self-employment.) ▶ Yes No
 (1) What is the employer's name?
 Address: _____
 (2) How much did you earn before deductions from that employer whether you were paid or not?▶ \$ _____
 (3) Dates worked _____ to _____. Reason no longer working: _____
- C. Are you receiving a pension, **other** than Social Security?▶ Yes No
 (1) If yes, has there been a change in the amount since you last reported it?.....▶ Yes No
 (2) If there has been a change, enter the **new** gross amount.▶ \$ _____
 Explain the reason for the change: _____
- D. Did you have a change of address or telephone number in that week?.....▶ Yes No
 (1) If yes, please provide the information in the space below.
- E. If you want federal income tax withheld for that week, mark this block →

CLAIMANT CERTIFICATION: I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national, or a non-citizen in satisfactory immigration status and permitted to work by the U.S. Citizenship and Immigration Services.

X _____ () ____ - ____
 Your Signature is Required Telephone Number

_____ City Zip Code
 Address

NOTE: THIS CLAIM IS TIMELY ONLY BY CONTACTING THE EMPLOYMENT DEVELOPMENT DEPARTMENT WITHIN 28 DAYS AFTER ISSUED TO YOU. **EXCEPTION:** IF YOU KNOW THAT YOU WILL BE TOTALLY UNEMPLOYED IN EXCESS OF TWO CONSECUTIVE WEEKS, CONTACT EDD IMMEDIATELY.

- Versión en español en el dorso -

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ENTER YOUR _____ () - _____
Company Name Phone Number

_____ Address City Zip Code

X _____ - _____ - _____
Employer Signature Employer Account Number

DATE ISSUED TO EMPLOYEE: _____ (MM/DD/YY)

ISSUE THIS FORM IMMEDIATELY **AFTER** PAYROLL WEEKENDING DATE SHOWN ABOVE

SOLICITANTE:

Usted deberá completar esta sección. Estas preguntas y sus respuestas son para la semana de pago que termina en la fecha indicada en este formulario.

- ¿Había otra razón, además de la falta de trabajo, por la cual Ud. no podría haber trabajado horario completo cada día normal de trabajo en esa semana?..... ▶ Sí No
(1) Si contesta que "sí," proporcione la razón, las fechas y las horas en que no podía trabajar _____
- ¿Trabajó Ud. para alguien que no es su empleador normal, cualquier día de esa semana?
(Esto incluye trabajos independientes o en su propio negocio)..... ▶ Sí No
(1) ¿Cual es el nombre de ese empleador? _____
Dirección: _____
(2) ¿Cuánto ganó, Ud. antes de deducciones, con ese empleador, aunque todavía no le haya pagado? ▶ \$ _____
(3) Fechas en que Ud. trabajó: del _____ al _____. Razón porque Ud. no siguió trabajando _____
- ¿Está Ud. recibiendo una pensión **que no sea** del Seguro Social? ▶ Sí No
(1) Si contesta que "sí," ¿ha habido un cambio en la cantidad que Ud. recibe desde la última vez que la reportó? ▶ Sí No
(2) Si la cantidad ha cambiado, favor de escribir la nueva cantidad bruta. ▶ \$ _____
Explique la razón por el cambio: _____
- ¿Cambió Ud. de domicilio o de número de teléfono en esa semana?..... ▶ Sí No
(1) Si contesta "sí", favor de proporcionar la información en el espacio a continuación.
- Si usted desea que se retengan impuestos federales por esa semana, marque esta casilla →

CERTIFICACIÓN DEL SOLICITANTE: Entiendo las preguntas que contiene este formulario. Se que la ley establece sanciones si hago declaraciones falsas o retengo información para recibir beneficios. Mis respuestas son verdaderas y correctas. Declaro bajo pena de perjurio que soy ciudadano o nacional de los Estados Unidos, o soy un(a) extranjero(a) con situación migratoria satisfactoria y con permiso del Servicio de Ciudadanía e Inmigración de los Estados Unidos para trabajar.

X _____ () - _____
Se Requiere su Firma Número de Teléfono

_____ Dirección Ciudad Código Postal

NOTA: ESTA SOLICITUD DE BENEFICIOS SERÁ CONSIDERADA A TIEMPO SOLAMENTE CUANDO USTED SE COMUNICA CON EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO DENTRO DE 28 DÍAS DESPUÉS DE LA FECHA EN QUE SE LE EMITIÓ A USTED.
EXCEPCIÓN: SI UD. TIENE CONOCIMIENTO QUE ESTARÁ TOTALMENTE DESEMPLEADO(A) POR MÁS DE DOS SEMANAS CONSECUTIVAS, COMUNÍQUESE **INMEDIATAMENTE** EL EDD.